



## Request for partial exemption from continuing professional development

Profession: **Medical radiation practice**

The Medical Radiation Practice Board of Australia (the Board)'s *Continuing professional development registration standard* requires all medical radiation practitioners to complete a minimum of 60 hours of CPD, **with a minimum of 10 hours each year**, over a three-year cycle.

The Board's CPD registration standard allows the Board to grant an exemption from or variation to, a practitioner's obligation to undertake CPD.

In exceptional circumstances the Board will consider granting exemptions from the minimum requirement of 10 hours of CPD each year and on no more than two occasions in a triennium. That is, the Board may grant exemptions for up to 20 hours of CPD out of a total of 60 hours of CPD in a triennium. Where the Board has granted exemptions on two occasions, a registered practitioner will be required to complete 40 hours of CPD to meet the triennium CPD requirements as provided for in the *Continuing professional development registration standard*.

For information on the Medical Radiation Practice Board of Australia please visit [www.medicalradiationpracticeboard.gov.au](http://www.medicalradiationpracticeboard.gov.au)

**Only requests for partial exemptions will be considered.** Requests for total exemption contravene the Board's Continuing professional development registration standard and will not be considered.

### Privacy and confidentiality

The Board and AHPRA are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this application, available at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

By signing this form, you confirm that you have read the collection statement.

AHPRA's privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

### Symbols in this form

- Additional information**  
Provides specific information about a question or section of the form.
- Attach document(s) to this form**  
Processing cannot occur until all required documents are received.
- Signature required**  
Requests appropriate parties to sign the form where indicated.

### Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to AHPRA.
- Use a **black or blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes: **X**
- DO NOT send original documents unless specified.**

## SECTION A: Personal details

### 1. What is your name and registration number?

**Title\***  
 MR  MRS  MISS  MS  DR  OTHER

**Family name\***

**First given name\***

**Middle name(s)\***

**Previous names known by (e.g. maiden name)**

**Registration number\***



## SECTION B: Special circumstances

2. What is the nature of your special circumstance(s)?

**Nature of special circumstances**

- Ill health
- Ongoing medical condition
- Maternity/paternity/parenting leave
- Carers leave
- Other extenuating circumstances

**Provide additional details of special circumstances**



Attach a separate sheet if all your details do not fit within the space provided.

3. For what period of time during the current registration period are you seeking exemption?



If approved, you will be granted an exemption from completing the minimum requirement of 10 hours of continuing professional development in the period of registration (to 30 November each year). Your total triennium CPD requirement will reduce by 10 hours.

**Period you are seeking exemption**

DD / MM / YYYY to DD / MM / YYYY

Signature

Date

SIGN HERE

DD / MM / YYYY

Please post this form to:

**AHPRA**  
**GPO Box 9958**  
**IN YOUR CAPITAL CITY** *(refer below)*

You may contact AHPRA on  
1300 419 495 or you can lodge an enquiry  
at [www.ahpra.gov.au](http://www.ahpra.gov.au)

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801