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# ECPD-91



# 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

grant exemptions for up to 20 nours of CPD out of a total of 60 nours 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** 

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#### 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.

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**.

#### **SECTION A:** Personal details

1.	What is your name and
	registration number?

Title*		,					_		Г						
MR 🔀	MRS 📐	MI	ss 🔀	MS	$\mathbf{X}$	DR	$\times$	0TH	IER						
Family nar	me*														
First given name*															
Middle name(s)*															
Previous names known by (e.g. maiden name)															
Registration number*															
MRF	)														

#### Symbols in this form

**Additional information** Provides specific information about a question or section of the 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

Attach document(s) to this form

- Place X in **all** applicable boxes: 🗴
- DO NOT send original documents.



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper. **SECTION B:** Special circumstances

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2. What is the nature of your special circumstance(s)?	Nature of special circumstances         Ill health         Ongoing medical condition         Maternity/paternity/parenting leave	rcumstances
	Provide additional details of special circumstances	
	Attach a separate sheet if all your details do not fit within the space	
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 reconstruction of the period of registration (to 30 November triennium CPD requirement will reduce by 10 hours.	
	Period you are seeking exemption       DD / MM / YYYY       to	(
Signature SIGN HERE	Date	

Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at **www.ahpra.gov.au/registration/online-upload**. You may contact Ahpra on 1300 419 495

#### **Information and definitions**

#### **CERTIFYING DOCUMENTS**

#### DO NOT send original documents.

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at www.ahpra.gov.au/ registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify.aspx
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, and

 list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify.aspx