

ECPD-10



Application for exemption from continuing professional development

Profession: Chiropractic

The Health Practitioner Regulation National Law (the National Law)

The Chiropractic Board of Australia's (the Board) continuing professional development (CPD) registration standard requires all practitioners, except those with non-practising or student registration, to complete at least:

- · 20 hours of CPD activities in each full registration period, and
- maintain at least a first aid qualification equivalent to HLTAID001 Provide Cardiopulmonary Resuscitation (CPR).

Practitioners who register part-way through a registration period must complete five hours of CPD for every three months of registration remaining in the registration period.

The Board has designed the standard to be flexible and able to be met by all practitioners except when exceptional circumstances exist.

The Board may grant a full or partial exemption or variation from the CPD requirements in exceptional circumstances where there is compelling evidence that the circumstances have prevented you from practising and created a significant obstacle to your ability to complete CPD. The Board takes the individual circumstances of each application into consideration when it decides whether to grant an exemption from CPD.

For more information about what circumstances the Board considers a significant obstacle to completing CPD, see the CPD guidelines and other supporting material published by the Board.

Your application for an exemption should be submitted as soon as possible after you identify the need for the exemption.

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**.

SECTION A: Personal details

1.	What are your personal
	details?

Title MR MRS	MISS 🔀	MS 🔀	DR 🔀	OTHER	SPEC	CIFY		
Family name								
First given name								
Middle name(s)								
Previous names know	n by (e.g. ma	iden name)						
Registration number								
СНІ								

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**

Symbols in this form

Additional information

Attach document(s) to this form



Provides specific information about a question or section of the form.



Processing cannot occur until all required documents are received.
Signature required
Deguasts appropriate particle to sign the form where indicated

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: 🗴

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

Contact information

You can change your contact information at any time.

Please go to www.ahpra.gov.au/login to change your contact details using your online account.

2. What are your contact details?

Provide your current contact details below - place	an 🗶 next to your preferred contact phone number.
Business hours	Mobile
After hours	
Email	

3. What is your residential address?

When you are not yet practising, or when you are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

Residential address **cannot** be a PO Box.

Site/building and/or	r position/department	(if applicable)
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Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City	ity/Suburb/Town*																				
Stat	te or t	erritor	y (e.	g. VI	C, A(CT) /I	nter	nati	onal	pro	vinc	e*	Post	tcod	e/ZI	P*					
Stat	<mark>te or t</mark>	erritor	y (e.	g. VI	<mark>C, A(</mark>	CT) /I	nter	nati	onal	pro	vinc	e*	Post	cod	e/ZI	P*					
	te or t							nati	onal	pro	vinc	;e*]	Post	tcod	e/ZI	P*					

SECTION B: Exemption details

4.	How many hours of exemption are you requesting? A full exemption is 20 hours.	Number of hours of exemption requested hours	
5.	Are you requesting an exemption from the first aid training requirement?	 You must maintain at least a first aid qualification equivalent to HLTAID001 Provide CPR valid for one year of a first aid qualification equivalent to HLTAID003 Provide First Aid valid for three years. YES NO 	ı r hold
6.	From what date did the exceptional circumstances start?	Starting date of exceptional circumstances D D / M M / Y Y Y Y	
7.	Have the exceptional circumstances ended?	YES NO The exceptional circumstances are ongoing. Date the exceptional circumstances ended D D / MM / YYYY	
8.	What date did you cease practice?	Date you ceased practice	
		Effective from: 21 August 2024 Page	e 2 o

- 9. Have you recommen practice?
- 10. Please describe the exceptional circums and how they have you, or will prevent practising and com the required CPD ho or first aid requirem registration period.

11. Please include any

Have you recommenced practice?	ommenced YES NO I have not recommenced practice.						
	Date you recommenced pract	tice					
		YYY					
Please describe the exceptional circumstances and how they have prevented you, or will prevent you, from practising and completing the required CPD hours and/	 medical reports or cer death certificates or co letters from your empl 	supporting evidence with your application as possible. Evidence may include: tificates orrespondence from a medical practitioner or other relevant authority oyer regarding absence from practice, or or other proof relevant to the circumstances identified in your request.					
or first aid requirement in the	Details of the exceptional circ	cumstances					
registration period.							
	Attach a separate	sheet if all your details do not fit within the space provided.					
Please include any other	Additional information for Bo	ard consideration					
relevant information that you wish the Board to consider.							

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



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



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

