## Nomination of practice monitor *(to be completed by practitioner)*

I, *Insert full name of practitioner*, nominate *Insert full name of practice monitor nominee* to be approved to act as a practice monitor at the following practice location:

Practice name: *Insert full name of practice*

Practice location: *Insert practice location – physical address only*

# Practitioner acknowledgement

I confirm the nominee meets the Health Ombudsman’s criteria to act as a practice monitor in accordance with the Office of the Health Ombudsman’s *Practice monitor protocol*. I confirm the nominee:

* is a registered health practitioner with at least 5 years post registration experience as a health practitioner
* does not have any conditions on their registration[[1]](#footnote-1), and is not subject to any investigation or other action under the National Law[[2]](#footnote-2) or *Health Ombudsman Act 2013*
* was not in a direct employment or financial relationship with me before the practice monitor conditions were imposed
* will not be directly employed or engaged in a direct contractual or financial relationship with me (or a relative of mine) at any practice location where I practise, if my conditions require that I have an ‘independent practice monitor’
* is not (and has not been) a patient of mine and is not in a social or familial relationship with me.

I have provided the nominee with:

* a copy of the Practice monitor protocol and Information for practice monitors approved by the Health Ombudsman
* a full copy of the conditions imposed on my registration
* a full copy of the most recent document stating the reasons for the Health Ombudsman imposing conditions, or the tribunal referral notice.

# Practitioner signature

Signature: Date: *Click here to enter a date.*

Please return this form to the Office of the Health Ombudsman.

Office of the Health Ombudsman

**EMAIL:** [**monitoring@oho.qld.gov.au**](mailto:monitoring@oho.qld.gov.au)

**CALL: 07 3158 1329**

**FAX: 07 3319 6350**

**WRITE: PO Box 13281 George Street  
Brisbane Qld 4003**

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Nomination of practice monitor

1. Practice monitors must not have any conditions on their registration arising from a health, conduct or performance complaint. In some circumstances, practitioners who have conditions/notations imposed arising from a registration decision may be considered. [↑](#footnote-ref-1)
2. Health Practitioner Regulation National Law, as in force in each state and territory (the National Law) [↑](#footnote-ref-2)