## Program provider acknowledgement *(to be completed by the nominee)*

Program provider acknowledgement

I, [title and full name of nominee here], consent to being nominated to provide an education program tailored to [title and full name of practitioner here] which addresses the following topics:

* [Topic as per practitioner’s conditions/restrictions]
* [Topic as per practitioner’s conditions/restrictions]

I confirm that:

1. I am (complete applicable option(s)):

|  |  |
| --- | --- |
|  | a registered health practitioner who holds registration with the Board name Board of Australia, Ahpra registration number registration number |
|  | an unregistered health practitioner who holds accreditation with, and/or is a member of full name of the relevant professional institute/association/accrediting body/other (please specify). |

1. I am eligible to act as the program provider as I:
   1. agree to provide a written education plan outlining the nature, content, proposed assessment and outcomes of the education program
   2. have attached a copy of my curriculum vitae to demonstrate I am senior to the practitioner either by years of experience or position and have additional training, experience, and/or qualifications in order to provide the education program
   3. do not have a close collegiate, family, social or financial relationship with the practitioner
   4. am not subject to any orders regarding my ability to practise, including being subject to any conditions or restrictions on my practise or otherwise suspended or prohibited from practice within the relevant profession
   5. have read and agree with these conditions relating to my nomination to act as the program provider.

|  |  |
| --- | --- |
| **Program provider details** | |
| Title, name and position | [Title, name and position] |
| Place of employment | [Place of employment] |
| Postal address | [Postal address] |
| Phone number | [Phone number] |
| Email address | [Email address] |

## Program provider acknowledgement

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| Signature: |  | Date: | [Choose date] |