



**NOTIFICATION OF COMMENCEMENT OF 152 HOURS OF SUPERVISED PRACTICE**

by the holder of a degree in pharmacy from outside of Australia  
(The 152 hours must be completed over at least 4 weeks.)

**This Form P521 must be returned by the applicant to:  
THE PHARMACISTS BOARD OF QUEENSLAND, GPO BOX 2438 BRISBANE QLD 4001**  
PLEASE COMPLETE THE FOLLOWING INFORMATION BY CLEARLY *PRINTING* IN THE SPACE PROVIDED

**Personal Details:**

|                  |  |                    |  |
|------------------|--|--------------------|--|
| Family Name      |  | Title (Mr, Ms etc) |  |
| Given Names      |  |                    |  |
| Date of Birth    |  |                    |  |
| Country of Birth |  |                    |  |

**Contact Details:**

|                            |  |
|----------------------------|--|
| Address for correspondence |  |
| Telephone                  |  |
| Email                      |  |

**Pharmacy Degree Details:**

|                      |  |
|----------------------|--|
| Awarding Institution |  |
| Name of Degree       |  |
| Date of Conferral    |  |

I have arranged for a Certificate of Identity to be sent directly from my current Registering Authority.  Yes  No

***(NB. Your application may be delayed if the Certificate of Identity is not received prior to your commencement of supervised practice.)***

**Details of Supervised Practice:**

|                                |  |
|--------------------------------|--|
| Name of Pharmacy               |  |
| Address of Pharmacy            |  |
| Pharmacy Telephone             |  |
| Date of Commencement           |  |
| Name of supervising Pharmacist |  |
| Hours per week                 |  |

It is preferable for supervised practice to be undertaken on a full-time equivalent basis however if you are working less than 38 hours per week you will not be eligible to apply for registration until you have completed 152 hours of supervised practice.

.....  
(Signature of Applicant)

...../...../.....

.....  
(Signature of Supervising Pharmacist)

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