

**APPLICATION FOR REVIEW OF CONDITIONS OF REGISTRATION  
UNDER TRANS-TASMAN MUTUAL RECOGNITION (QLD) Act 2003**

I, ..... have completed:

- 152 hours over at least 4 weeks of employment, during which I:
  - (a) worked under the direct supervision of a registered pharmacist who is registered with the Board without conditions;
  - (b) notified the Board of the workplace in which these supervised hours were to be done prior to commencing supervised practice by completing a Commencement of Supervised Practice Form (Form 3);
  - (c) notified the Board of completion of the period of supervised practice by completing a Completion of Supervised Practice Form (Form 4);
  - (d) authorised the supervisor to release workplace progress reports to the Board in a format and at a frequency, if and as required by the Board.

and

- I successfully completed a written and oral assessment set by or for, or recognised by the Board under the direction of the Professional Adviser – Pharmacy (or delegate).

I have an adequate knowledge of current legislation and practice of the profession to enable me to safely and competently practise in Queensland.

- Yes
- No

For the reasons listed above, I request that the conditions be removed from my General Registration.

Signed: .....

Date: .....