



## Completion of Supervised Practice

### Form P421

s48(a) *Pharmacists Registration Act 2001*  
s5 *Pharmacists Registration Regulation 2001*

The following form is to notify the Pharmacists Board of Queensland of the completion of supervised practice at a pharmacy.

You must ensure that you have previously provided the Board with your Commencement of Supervised Practice form. The Board will be unable to consider your application for registration unless it has all of the necessary documentation.

The completed form must be sent to:

The Pharmacists Board of Queensland  
GPO Box 2438  
BRISBANE Q 4001

#### **Please note the following requirements of s5 of the *Pharmacists Registration Regulation 2001*:**

Supervised practice must:

- (a) *be undertaken after the successful completion of a qualification mentioned in schedule 1, column 1 – Pharmacists Registration Regulation 2001; and*
- (b) *consist of at least 1824 hours over at least 48 weeks, of which at least 912 hours must be undertaken under the supervision of the same registrant over at least 24 weeks; and*
- (c) *be completed within 3 years after the successful completion of the qualification.*

#### **NOTES**

1. If you changed your place of supervised practice during the 48 week period, you must have provided the Board with a completed Completion of Supervised Practice Form for the previous supervised practice period as well as a new Commencement of Supervised Practice Form.
2. Your 48 week supervised practice period cannot be commenced before the successful completion of your qualification and therefore any supervised practice undertaken prior to this date will not be included in the total.



## Notification of Completion of Supervised Practice

### Personal Details of Intern

Full Name (including title) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

### Details of Supervised Practice

Date of commencement of supervised practice \_\_\_\_\_

Date of completion of supervised practice \_\_\_\_\_

Name of pharmacy where supervised practice was undertaken \_\_\_\_\_

\_\_\_\_\_

Address of pharmacy where supervised practice was undertaken \_\_\_\_\_

\_\_\_\_\_

Day-time contact phone number for pharmacy \_\_\_\_\_

Name of supervising pharmacist \_\_\_\_\_

Registration no. \_\_\_\_\_

### Declaration to be signed by supervising pharmacist

I declare that \_\_\_\_\_

Intern

has successfully completed at least (tick one only):

- 1824 hours of full-time supervised practice over at least 48 weeks, as prescribed under the provisions of s5 of the Pharmacists Registration Regulation 2001; or
- 912 hours of full-time supervised practice over at least 24 weeks, as prescribed under the provisions of s5 of the Pharmacists Registration Regulation 2001; or
- \_\_\_\_\_ hours of full-time supervised practice over \_\_\_\_\_ weeks

\_\_\_\_\_

Signature of supervising pharmacist

\_\_\_\_\_

Date

NOTE: This form must not pre-date the date of completion attested to in this form