

Office Use Only

Received:

Notification:

Declaration of Extended Leave from Professional Practice

Name _____

Declaration

- ☐ I am seeking reduced CPD participation for extended leave from my professional practice during this CPD Period 2025-27 (*please complete the exemption section*)

Exemption

1. Detail below current extended leave from professional practice commitments:

Special consideration may be applied for when a Participant on The Register is absent from the workplace for an extended period of six consecutive months or greater. Please attach evidence to support the grounds for reduced points due to extended leave. Evidence is mandatory for a participant on the *ACPSEM Register of Qualified Medical Physics Specialists and Radiopharmaceutical Scientists*.

Points Requirement: Participants are required to collect 50 points per year when averaged over a 3-year period. It is mandatory that a minimum number of points be achieved from all of the 3 categories within a CPD Period.

Signature_____
Signature_____
Date

Please return completed forms to cpd@acpsem.org.au