

-OUR VISION

Clinical Physiologists delivering excellence in healthcare

•-OUR MISSION Ensuring all Clinical Physiologists are accredited with the ACCP -OUR VALUES

CARE: Committed to serving our community through clinical excellence INTEGRITY: Upholding the principles of Accredited Clinical Physiologists KNOWLEDGE: The pursuit of continual improvement

□ Yes

□ No

CLINICAL SUPERVISOR DECLARATION FORM

Clinical Supervisor is to circle an answer to every statement to indicate agreement.

I confirm the appl	icant is suitabl	le to practice	as a	Clinical	
Physiologist in the	scope of prac	tice of which	they	are employ	yed

All individuals are required to demonstrate a suitable level of competence in the following domains as per the competency standards set by the relevant professional society:

Scientific, Clinical, Technical, Problem Solving, Communication, Research, a	and
Management/Leadership (standards are available on the ACCP website)	

I hereby certify that the above-named applicant has demonstrated a level of competency and provided ap evidence in each of the specified domains above that requirements of both the professional body association the named applicant is a member, or eligible for mer and the requirements of ACCP.	fulfills the on to which	□ Yes	🗆 No	
I confirm that the above-named has completed Continuing Professional Development activities which meets the objectives set out in the Portfolio requirements for ACCP (Portfolio				
If you have answered NO to any of the above statements, attach a summary outlining any areas where the above-named applicant is not meeting the requirements for competency or CPD, and document the plan in place for the specific requirements to be met – please attach to this application				
Supervisor's name:	If >1 scope or wor	kplace		
Supervisor's signature:	Supervisor's name:			
	Supervisor's signature:			
Position:				
Registration number:	Position:			
Registered with:	Registration numb	er:		
Date:	Registered with:			
	Date:			