



ACD DECLARATION OF CHANGE OF PRACTICE FORM

Fellows of the ACD who wish to advise they are ceasing clinical practice in their private rooms or in hospital or both but maintaining their registration, they must give notice by completing and signing the form below.

The Medical Board's definition of 'practice' is:

"Any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of the Board's standards, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession."

I, [full name],

Of [address].....

Do declare:

1. That I am a Fellow of the ACD
2. That I am ceasing practice in rooms/hospital but maintaining my registration with the MBA
3. That at any time in the future should I resume practice in rooms/hospital I will notify the College in writing

My change of practice is effective from (date):

My registration is now: Specialist Generalist Non-practising

I am aware of the Registration requirements and College requirements for CPD and Subscriptions

.....

[Signature of declarant]

.....

[Date]

Signed in the presence of:

.....

[Signature of Witness]

.....

[Name of witness – Capital letters]

Of [address of witness].....