



ACAM Ethics Exam Declaration Form

Practitioner Name: _____

AHPRA Registration Number: _____

Email Address: _____

Module: Ethics Exam – Good Medical Practice: A Code of Conduct for Doctors in Australia

Declaration of Understanding and Compliance

I confirm that I have:

1. Read and understood the *Good Medical Practice: A Code of Conduct for Doctors in Australia* issued by the Medical Board of Australia.
 2. Reviewed the key principles of ethical and professional conduct, including integrity, respect, and accountability.
 3. Understood my professional responsibilities to maintain patient safety, confidentiality, and informed consent.
 4. Recognised the importance of avoiding conflicts of interest and adhering to appropriate advertising and communication standards.
 5. Applied these ethical principles to my clinical and aesthetic medical practice.
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Practitioner Declaration

I declare that the information above is true and correct. I acknowledge that failure to comply with ethical and professional standards may result in disciplinary action under the Health Practitioner Regulation National Law.

Signature: _____

Date: _____

Name (print): _____