



ACCREDITATION  
AUTHORITY

## ACCREDITED PROFESSIONALS SCHEME

### Application for Extension – Planning Level 1 Conditional Accreditation

<b>FULL NAME:</b>	
<b>REGISTRATION NUMER:</b>	
<b>CONDITIONAL ACCREDITATION ANNIVERSARY DATE:</b>	
<b>ASSESSMENTS COMPLETED TO DATE:</b>	/ 5
<b>REASON FOR EXTENSION REQUEST:</b>	
<b>LENGTH OF EXTENSION SOUGHT:</b>	
<b>SIGNED:</b>	<b>DATE:</b>

*If being lodged electronically please tick to indicate agreement to this declaration.*

<b>OFFICE USE ONLY</b>	
<b>DELEGATE:</b>	APPROVED / NOT APPROVED Comments:
<b>SIGNED:</b>	DATE: / /

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Accredited Professionals Scheme  
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