



Application for assessment by a medical college

Profession: Medical

Health Practitioner Regulation National Law (the National Law)

This form is for international medical graduates (IMG) who are seeking **limited registration for postgraduate training** or **supervised practice** in order to undertake short term specialist training (usually up to 24 months), and require assessment by a medical college as part of that application process.

The purpose of this application is to enable the college to advise the Medical Board of Australia (the Board) on the suitability of the specified training position for the IMG. The Board requires this advice from the college to help decide on the eligibility of the IMG for registration in the short term training in a medical specialty pathway. This pathway does not lead to specialist registration. Applicants seeking to qualify for specialist registration must be in the specialist pathway - specialist recognition.

For more information, refer to the Board's registration standard for specialist registration at www.medicalboard.gov.au/registration-standards

This application comprises:

- **Part A:** to be completed by the applicant and the employer/sponsor, and
- **Part B:** to be completed by an authorised college representative

It is important that you refer to the Board's registration standard for limited registration postgraduate training or supervised practice and the guideline *Short term training in a medical specialty for international medical graduates who are not qualified for general or specialist registration* before completing this application. Registration standards, codes and guidelines can be found at www.medicalboard.gov.au



This application will not be considered unless it is complete and all supporting documentation has been provided. Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (AHPRA) guidelines. See *Certifying documents* in the *Information and definitions* section of this form.

Privacy and confidentiality

The Board and AHPRA are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.

By signing this form, you confirm that you have read the collection statement. AHPRA's privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

Symbols in this form



Additional information

Provides specific information about a question or section of the form.



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to AHPRA.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes: ☒
- **DO NOT send original documents unless specified.**



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.



PART A – To be completed by the applicant and the employer/sponsor

SECTION A: Applicant details

1. What are your name and birth details?



If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change.

For more information, see *Change of name* in the *Information and definitions* section of this form.

Title MR ☒ MRS ☒ MISS ☒ MS ☒ DR ☒ OTHER

Family name

First given name

Middle name(s)

Previous names known by (e.g. maiden name)

Date of birth DD / MM / YYYY

Country of birth



5. What is the name of the overseas specialist college/body awarding the specialist qualification, or with whom are you a specialist-in-training?

Name of specialist college/body

State/Province

Country

6. What is the specialist qualification awarded (or to be awarded) by the above college/body upon completion of training?

Specialist qualification awarded

7. What is the specialist training area (e.g. anaesthetics, neonatology, etc.) of the proposed training position?

Specialist training area

8. Who is the contact person (employer or sponsor) nominated to act on behalf of the applicant?

Title

MR ☐

MRS ☐

MISS ☐

MS ☐

DR ☐

OTHER

Family name

First given name

Business hours contact phone number

Mobile

After hours

Email



**9. What are the employer's/
institution's/supervisor's
contact details?**

Provide your employer's/institutions's/supervisor's contact details below

Please specify:

☒ Employer

☒ Institution

☒ Supervisor

Employer's/institutions's/supervisor's name

Site/building (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

Suburb/City/Town

State or territory (e.g. VIC, ACT)/International province

Postcode/ZIP

Business hours contact phone number

Mobile

After hours

Email

**10. In which Australian state
or territory will the training
position be located?**

State or territory of training

VIC ☒

NSW ☒

QLD ☒

SA ☒

WA ☒

NT ☒

TAS ☒

ACT ☒



SECTION C: Supporting documentation



Please check with the relevant college website as further specific information may be required by some colleges.

Note: Further registration requirements apply, including a signed declaration from the applicant that at the time of registration they have no intention of making further applications for registration at the end of the specified training period (usually up to 24 months).

Please check with the relevant college website for the fee payable to the college to undertake an assessment. This fee may vary from college to college and fee payment must be included with this application form.

Any application form submitted to a college without fee payment will be returned directly to the employer/sponsor to seek payment before an assessment can take place.

It is important that you refer to *Curriculum vitae* in the *Information and definitions* section of this form for **mandatory requirements** of the CV.



The following documents **must** be attached to this application and submitted to the relevant college:

- a position description for the proposed training position
- a training plan providing details of the purpose, anticipated duration, location, content and structure of training in Australia and the anticipated date of any examinations or assessments
- details of how supervision will be provided and the names and contact details of proposed supervisor(s), and
(**Note:** Proposed supervision arrangements must meet the requirements of the Board's *Guidelines - Supervised practice for international medical graduates*)
- **signed and dated** curriculum vitae of the applicant.

If you are a specialist-in-training or an internationally qualified specialist, you must also attach or organise additional documents.

For specialists-in-training

A statement from the overseas specialist college or body awarding the specialist qualification with whom the applicant is a trainee in the country of training. The statement must:

- confirm your trainee status with the college/body
- outline the content, structure and length of the overseas training program
- confirm that you are not likely to be more than two years from completing your specialist training
- confirm that you have passed a basic specialist examination or satisfactorily completed substantial training (generally three or more years i.e. PGY 5), and
- identify the objectives of the short term training to be undertaken in Australia.

For internationally qualified specialists

A statement from the overseas specialist college or body awarding the specialist qualification that confirms the applicant's specialist qualification in the country of training

SECTION D: Consent



Before you sign and date this form, make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form.

Applicant's declaration – *To be completed and signed by the applicant*

I confirm that:

- I have read the privacy and confidentiality statement for this form, and
- at this time, I have no intention of making further application for registration at the end of the specified training period.

I agree to:

- release of the college assessment direct to AHPRA, and
- the employer/sponsor nominated on this form to act on my behalf in matters relating to this application.

Name of applicant

Date

 / /

Signature of applicant




SIGN HERE



Employer/sponsor signature – *To be completed and signed by the employer/sponsor*

I agree to act on behalf of the applicant in matters relating to this application.

Name of employer/sponsor <input type="text"/>	Position of employer/sponsor <input type="text"/>
Name of institution <input type="text"/>	Signature of employer/sponsor <div> SIGN HERE</div>
Date DD / MM / YYYY <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION E: Checklist

Have the following items been attached or arranged, if required?

<i>Additional documentation</i>		Attached
Question 4	An original certified copy of your primary medical degree certificate that indicates completion of a course of study	<input type="checkbox"/>
Section C	Position description for the proposed training position	<input type="checkbox"/>
Section C	Training plan providing details of the training in Australia and the anticipated date of any examinations or assessments	<input type="checkbox"/>
Section C	Details of the how supervision will be provided and the names and contact details of proposed supervisor(s)	<input type="checkbox"/>
Section C	Curriculum vitae of the applicant	<input type="checkbox"/>
Section C	For specialists-in-training A statement from the overseas specialist college or body awarding the specialist qualification with whom the applicant is a trainee in the country of training. The statement must: <ul style="list-style-type: none"> confirm your trainee status with the college/body outline the content, structure and length of the overseas training program confirm that you are not likely to be more than two years from completing your specialist training confirm that you have passed a basic specialist examination or satisfactorily completed substantial training (generally three or more years i.e. PGY 5), and identify the objectives of the short term training to be undertaken in Australia. 	<input type="checkbox"/>
Section C	For internationally qualified specialists A statement from the overseas specialist college or body awarding the specialist qualification that confirms the applicant's specialist qualification in the country of training	<input type="checkbox"/>

PART B – To be completed by an authorised college representative

The applicant **must** provide the employer/sponsor with a copy of Part B of this form.

SECTION F: Applicant suitability




The Board requires the college to provide the information below. This information will help the Board decide on the applicant's eligibility for registration in the short term training in a medical specialty pathway.

11. Does the applicant meet the Board's exemption from the eligibility criteria for this pathway?



From time to time international specialists or specialists in training registered in New Zealand may be required by an accredited college to undertake rotations in Australia. Some of these trainees may be more than 2 years away from completing their specialist training. To enable them to complete college requirements, the Board may grant an exemption to the requirement to be no more than two years away from completing specialist training, where the applicant for registration:

- is not qualified for general registration in Australia, and
- holds registration in a general scope with the Medical Council of New Zealand, and
- is an accredited trainee with an Australian Medical Council accredited specialist medical college.

N/A  The applicant is not a New Zealand college trainee
Go to the next question

YES  The applicant meets the Board's requirements
Go to the next question

12. What is the duration of the training period in Australia?

Duration of training period

SPECIFY

**13. Is the training position/
program suitable for
the applicant?**



The college assessment of whether the training position is suitable for the applicant will take into consideration:

- whether the applicant appears to be a genuine specialist in training or internationally qualified specialist
- that the position the applicant is applying for is a genuine training position that is appropriate for the applicant's training requirements, taking into consideration their reported level of training and experience, and
- that there is adequate supervision and support for the applicant's level of training and experience.

This assessment will take into consideration the purpose and principles of supervision as set out in the Board's *Guidelines – Supervised practice for international medical graduates*.

For more information, see *Genuine training position* in the *Information and definitions* section of this form.

YES ***Go to Section G: Specialist college details***

NO ☒ Provide reasons below

Suitability of training position/program

[illegible]



SECTION G: Specialist college details

14. What are the details of the specialist college?

Specialist college details

Name of college

Name of contact person

Business hours (phone)

Mobile

Email

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

Suburb/City/Town

State/Territory (e.g. VIC, ACT)

Postcode

SECTION H: Authorised college representative



The college **must** attach copies of the documents provided by the applicant for assessment and forward this completed form to the relevant AHPRA office. The college may send the documents via mail or email to the relevant AHPRA office.

Name of authorised college representative

Position of authorised college representative

Date

Signature of authorised college representative



SIGN HERE

On completion of the assessment by the college this form and attachments should be sent to:

AHPRA
GPO Box 9958
IN YOUR CAPITAL CITY (refer below)

The relevant capital city will be the city in which the training position is located.

You may contact AHPRA on
 1300 419 495 or you can lodge an enquiry
 at www.ahpra.gov.au

Sydney NSW 2001

Canberra ACT 2601

Melbourne VIC 3001

Brisbane QLD 4001

Adelaide SA 5001

Perth WA 6001

Hobart TAS 7001

Darwin NT 0801



Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with AHPRA guidelines, which are available at **www.ahpra.gov.au/registration/registration-process**
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit **www.ahpra.gov.au/certify**
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. For more information, AHPRA's guidelines for certifying documents can be found online at **www.ahpra.gov.au/certify**

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted.

CURRICULUM VITAE

Your curriculum vitae must:

- explain any period since obtaining your professional qualifications where you have not practised and reasons why (e.g. undertaking study, travel, family commitment)
- be in chronological order
- be signed and dated with a statement, 'This curriculum vitae is true and correct as at (insert date)', and
- be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

It must also contain all the elements defined in AHPRA's standard format for curriculum vitae which can be found at **www.ahpra.gov.au/cv**

GENUINE TRAINING POSITION

Genuine training position means that the Australian training position that the applicant has applied for is a training position accredited by an AMC accredited specialist medical college or is a formal structured training position which consists of formal assessment processes and mechanisms for measuring learning outcomes. The training position is not primarily a service position.