

## APPLICATION TO BE ASSESSED FOR RECOGNITION AS A SPECIALIST

### Completion of the Form

This form can either be printed off and completed by hand or completed on your computer then printed, signed and returned with the required documentation.

Please ensure you read the **Guidance Notes** available from the website and check your form and documentation against the Checklist before sending to the College by registered post to the address below:

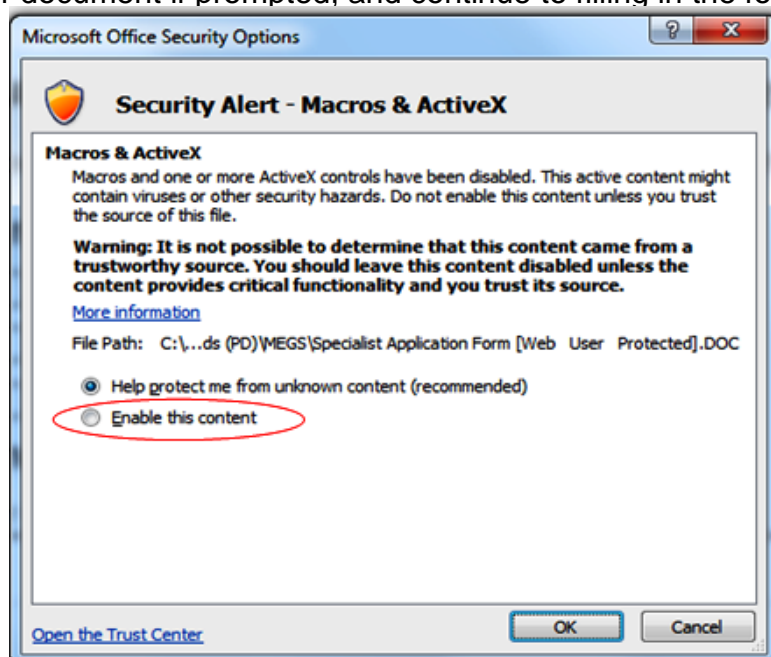
Board of Education and Assessment  
Royal College of Pathologists of Australasia  
207 Albion Street  
Surry Hills NSW 2010  
Australia

Depending upon the setup of your computer you may receive the following message at the top of the page, please follow the instructions below if this occurs:

- Click **Options**



- Then click **Enable this Content** and **OK**
- **Save** your document if prompted, and continue to filling in the form.



# APPLICATION TO BE ASSESSED FOR RECOGNITION AS A SPECIALIST

To be eligible to apply for specialist assessment, you are required to have completed and satisfied all training and examination requirements and hold a specialist qualification from overseas that allows you to practise in your field of speciality in your country of training.

**Lodge this form with the specified supporting documents.**

Before completing your application, please read the below information:

- Please ensure that the application forms and copies of documents are completed and certified correctly.
- Please ensure that the application fee accompanies your completed application.
- If your application is assessed as incomplete, you will have six months to submit the outstanding documentation before your application expires. Your application fee will be forfeited and your application will be returned to you. If your application expires you will be required to submit a new application by completing the relevant paper-based application including the application fee and all required documentation.
- Forms incorrectly completed will not be assessed and your application will be determined to be incomplete (see above).
- You should read the information available on the MBA ([www.medicalboard.gov.au](http://www.medicalboard.gov.au)) and College (<http://www.rcpa.edu.au/Pathology-Careers/Overseas-Trained-Specialist>) websites before completing the application forms.
- You should refer to the MBA website ([www.medicalboard.gov.au](http://www.medicalboard.gov.au)) for correct witnessing procedures.

## STATUTORY DECLARATIONS

The following are accepted as eligible to witness declarations and required assessment documentation:

IN AUSTRALIA	OVERSEAS
<ul style="list-style-type: none"> <li>• A Justice of the Peace</li> <li>• Chief Magistrate – Police Magistrate – Resident Magistrate – Special Magistrate.</li> <li>• A person appointed under the <i>Statutory Declarations Act 1959</i>, as amended, or under a State Act to be a Commissioner for Declarations.</li> <li>• A Notary Public.</li> <li>• A person appointed as a Commissioner for Declarations under the <i>Statutory Declarations Act 1911</i>, or under that Act as amended, and holding office immediately before the commencement of the <i>Statutory Declarations Act 1959</i>.</li> </ul>	<ul style="list-style-type: none"> <li>• Notary Public</li> <li>• Commissioner of Oaths (South Africa, Sudan and Canada only)</li> <li>• A person appointed to hold, or act in, the office in a country or place outside Australia in an Australian Embassy, High Commission, Legation or other post as:               <ul style="list-style-type: none"> <li>○ Australian Consul-General, Consul or Vice-Consul.</li> <li>○ Australian Trade Commissioner or Consular Agent.</li> <li>○ Australian Ambassador or High Commissioner.</li> <li>○ Australian Minister, Head of Mission, Commissioner, Chargé d’Affaires or Counsellor.</li> <li>○ Australian Secretary or Attaché.</li> </ul> </li> </ul> <p><b>Note:</b> A Justice of the Peace registered outside Australia is NOT accepted for witnessing documentation.</p>

It is important that the witness state in their wording that it is a ‘**certified true copy**’. A sample of acceptable wording is shown below.



The name and title of the witness and the date certified must also be included in the certification. Certification should be made on each page of the actual document. If the witness certifies the document on a separate page, it needs to be correctly notary bound (no staples allowed).

## EVIDENCE OF ENGLISH LANGUAGE PROFICIENCY

You must supply evidence of English language proficiency. The College will accept English language skills standard as set out and acceptable to the Medical Board of Australia (MBA). Results must be from the 2 years immediately prior to application. If your secondary schooling and specialist training was taught and assessed in English you may be eligible for an exemption from this requirement. While the College bases its exemption criteria on that of the MBA/MCNZ, please be aware that a College-granted exemption will only apply to the College processes and is not indicative of MBA or MCNZ requirements. This is in accordance with the English Language Skills Registration Standard of the Medical Board of Australia. The standard is available on the Medical Board of Australia website ([www.medicalboard.gov.au](http://www.medicalboard.gov.au)).

# APPLICATION TO BE ASSESSED FOR RECOGNITION AS A SPECIALIST

Please ensure that all sections of this form are completed prior to lodgement with the College

## APPLICATION/ASSESSMENT TYPE

- Specialist Pathway   
Area of Need (AON)   
Dual (AON & Specialist)

## AREAS OF MEDICAL PRACTICE FOR WHICH ASSESSMENT IS SOUGHT

Field(s) of specialisation for which assessment is sought for practice in Australia

## APPLICANT DETAILS

Given names	<input type="text"/>		
Family name (Surname)	<input type="text"/>		
Date of birth	<input type="text"/> DD/MM/YYYY	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Country of birth	<input type="text"/>		
Address	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		
Home phone	<input type="text"/>	Work phone	<input type="text"/>
Mobile	<input type="text"/>	Facsimile	<input type="text"/>
Email address	<input type="text"/>		

## VERIFICATION OF QUALIFICATIONS

All applicants for the specialist college assessment pathway (for registration as a specialist) require primary source verification of their medical qualifications through the International Credentials Services of the Educational Commission for Foreign Medical Graduates (ECFMG) in the United States of America. Applicants must apply via the AMC (<https://www.amc.org.au/assessment/psv>) for EPIC verification. The documents will be forwarded to the ECFMG for verification through the original issuing university or institution. When confirmation of verification is received by the AMC, the candidate will be informed. You will be allocated an EICS/EPIC number and an AMC number. These must be noted below. Candidates who have previously obtained confirmed verification of their primary medical degree through the EICS/EPIC will be required to provide the AMC with their EICS/EPIC number and sign the Authorisation for Release of Information Form to enable the AMC to obtain a copy of the verification report from the EICS/EPIC.

AMC Number	<input type="text"/>
EPIC/EICS Number	<input type="text"/>
USMLE Number	<input type="text"/>

**PRIMARY MEDICAL QUALIFICATION**

If you have not already done so, you must submit an application via the Australian Medical Council for Primary Source Verification of this qualification.

Country of training  Year qualified

Primary Qualification  Year awarded

Name on Qualification

Medical School

Issuing University

**INTERN TRAINING QUALIFICATIONS** (If insufficient space, please provide information required in an attachment)

Institution

From (date)  DD/MM/YYYY To (date)  DD/MM/YYYY

Rotations covered

**PRINCIPAL/HIGHEST SPECIALIST MEDICAL QUALIFICATION**

If you have not already done so, you must submit an application via the Australian Medical Council for Primary Source Verification of this qualification.

Specialist Qualification  Year qualified

Country of training  Year awarded

Institution awarding qualification (medical college)

Issuing university (if applicable)

Field of specialty

Duration of training (in years)  2  3  4  5  6+

(Further details may be provided in the curriculum vitae)

**SPECIALIST EXAMINATIONS**

Institution

Date  DD/MM/YYYY

Specialty/subspecialty

Components of exam

**SECONDARY/SUPPORTING SPECIALIST MEDICAL QUALIFICATION**

Qualification  Year qualified

Country of training  Year awarded

Institution awarding qualification (medical college)

Issuing university

Duration of training (in years)  2  3  4  5  6+

(Further details may be provided in the curriculum vitae)

**ADDITIONAL QUALIFICATION**

Qualification	<input type="text"/>	Year qualified	<input type="text"/>
Country of training	<input type="text"/>	Year awarded	<input type="text"/>
Institution awarding qualification	<input type="text"/>		
Issuing University	<input type="text"/>		

Duration of training (in years)      2    3    4    5    6+  
*(Further details may be provided in the curriculum vitae)*

**NAME CHANGE/VARIATION**

Is the name shown above the same as that shown on all the attached documents?

Yes                      No

*\* If NO, you are required to attach certified documentary evidence of your change of name. If submitting a statutory declaration, ensure that all variations are explained and state which name you wish to be known for specialist assessment purposes.*

**EVIDENCE OF IDENTITY**

All applicants applying for specialist assessment must provide proof of their identity. Applicants will need to provide proof of personal identity by way of submission of two (2) types of identification documentation. To view these requirements, visit the AMC website ([www.amc.org.au](http://www.amc.org.au)). Please note that meeting the AMC's requirements for identification will not necessarily satisfy the Medical Board of Australia's proof of identity requirements.

**Tick this box if you have submitted certified evidence of identification**

Yes

**RESTRICTIONS ON PRACTICE**

Are you subject to any restrictions or limitation under any law or regulation?

Yes                      No

If 'YES', please supply details

Have you been charged or convicted of a criminal offense (other than minor traffic or other trivial offenses)?

Yes                       No

If 'YES', please supply details

**Consent to collect information**

Signature	<input type="text"/>	Date	<input type="text"/>
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**DECLARATION BY APPLICANT**

*Please print clearly in sections below and complete all fields*

I,  (Name)  
of  (Address)  
 (Occupation)

**DO SOLEMNLY AND SINCERELY DECLARE THAT:**

- I am the person identified in the *Application to be Assessed for Recognition as a Specialist*.
- I am the person who has signed below.
- I have familiarised myself with the requirements, procedures and policies as set out in relevant MBA and College publications.
- The statements made, and the information provided, in this application form and in the certified documents attached are true and complete.

Signature of person making the Declaration:

Declared at  on the  day of  (month & year)  
*Name of city, town, suburb or locality*

Before me\*

Signature of person before whom the Declaration is made

Please print name of witness in BLOCK LETTERS

Insert official title\*\* of witness

Insert address of witness

Contact number of witness

\* The person witnessing this Declaration must be the same person who certifies the documents of the applicant. If a different eligible witness is used to certify the supporting documentation you must submit a statutory declaration explaining why a different witness was used and it must be witnessed by the new eligible witness.

\*\* The title of the witness must be written (e.g. Notary Public, Justice of the Peace).

**PLEASE SEND YOUR COMPLETED APPLICATION FORM, CERTIFIED DOCUMENTS AND PAYMENT TO THE COLLEGE. THE COLLEGE CAN NOT ACCEPT ELECTRONIC COPIES**

## CHECKLIST OF THE DOCUMENTATION TO BE SUBMITTED WITH THIS APPLICATION:

- Completed *application to be assessed for recognition as a specialist*
- Curriculum Vitae (only excepted on the College template)
- Primary medical qualification(s) – certified copies, in original language and English translations. All translations must comply with the AHPRA translation policy <http://www.ahpra.gov.au/Registration/Registration-Process/Translating-Documents.aspx>
- Specialist qualification(s) – certified copies, in original language and English translations. All translations must comply with the AHPRA translation policy <http://www.ahpra.gov.au/Registration/Registration-Process/Translating-Documents.aspx>
- Certificates of Fellowship of specialist medical organisations/institutions - certified copies, in original language and English translations. All translations must comply with the AHPRA translation policy <http://www.ahpra.gov.au/Registration/Registration-Process/Translating-Documents.aspx>
- Certificate(s) of Good Standing – must cover the last two years of practice and be dated within six months of the application (certified copy or original will be accepted)
- Certificate of current specialist registration status (certified copy or original will be accepted)

(Please refer to the Guidance Notes)

- Completed assessment fee form (Payment Authorisation form)
- Submitted Primary Source Verification application via the AMC <https://www.amc.org.au/assessment/psv> before applying to the College
- 1 passport-sized photo (attached to the front of this application form)
- Evidence of English Language Proficiency (certified copy)
- Certificates and details of specialist examination including:
  - Number and type of examination
  - Subject areas of each examination
  - Publication details and journal references of research papers **DO NOT INCLUDE DOCUMENTS**
- Confirmation of identity
  - Certified copy of passport
  - Statutory declaration or certified copy of evidence of change of name (if applicable)
- Where applicable, a certified copy of a summary of Logbooks of procedures carried out throughout specialist training. **DO NOT SEND LOGBOOKS**
- Proof of completion of 12 months training as an intern. This may be in the form of letters from supervisors or the institution in which you did your intern training outlining duration, content and structure of training and whether it was completed satisfactorily in an accredited training position.
- Evidence of participation in a Continuing Professional Development program. **ONLY INCLUDE CERTIFICATES FROM THE LAST 3 YEARS**

### Additional documents required for applicants also applying for

- AON declaration (issued by the health department in the state or territory in which the position(s) is located)
- Position description (in the College specific format)
- Employer contact details (see attachment 1)
- Letter of Offer of employment

If you wish to submit additional documents to support your application, please list them below

*Privacy Act 1988 (Cth) (Act)* **AUTHORITY TO RECEIVE INFORMATION ABOUT AN APPLICANT FOR SPECIALIST RECOGNITION**

Under the *Privacy 1988 (Cth) Act (revised in March 2014)* the College is generally not permitted to disclose personal information about a College candidate/applicant to a third party (e.g. a relative, friend or agent) without the consent of the candidate/applicant. A candidate/applicant may authorise a third party (agent) to communicate and/or act on their behalf by completing the following details.

**Candidate/Applicant authorisation** (Please print clearly)

I, (full name)

Date of birth:  DD/MM/YYYY

Address:

Authorise my agent to (Please tick appropriate box/es):

- Communicate with the College by telephone, fax, email or written correspondence on my behalf regarding the processing and progress of my application.
- Communicate with the College on my behalf regarding the results of relevant assessments.
- Undertake any other action reasonably necessary for the processing of my application on my behalf, except withdrawal forms/letters (they must be completed by the candidate/applicant).

DD/MM/YYYY

Candidate/Applicant's signature *Date*

**Agent's consent** (Please print clearly)

I, (full name)

consent to act as agent of (candidate/applicant's name)

as authorised above.

My contact details are:

Company:

Address:

Business phone:

Mobile phone:

Email address:

Your privacy is respected by the College. Information collected by the College may be used for administering the assessment of overseas trained specialists and provided to officers of the College involved in specialist assessment, the respective employer, supervisors, the Australian Medical Council and the Medical Board of Australia.



## EMPLOYER CONTACT DETAILS FOR AREA OF NEED APPLICATIONS

Name of employer:	<input type="text"/>
Employer's address:	<input type="text"/>
	<input type="text"/>
Name of contact person:	<input type="text"/>
Position of contact person:	<input type="text"/>
Telephone:	<input type="text"/>
Email:	<input type="text"/>

\* Please note the employer contact details above are to be completed by the AON employer only. Recruitment agents are to complete an **Authority to Receive Information about an Applicant for Specialist Recognition**.

### PRIVACY AND CONFIDENTIALITY

*The College is collecting your personal information (including your name, contact details and qualifications) in connection with providing you with training and further education. Any information you provide will be treated as strictly confidential by the College. However, in the course of your training it may be necessary for the College to provide your name, contact details and information about your progress or examination performance to College committees and Fellows of the College who are involved with supervision and training. The College may also disclose your personal information to your employer, any medical or regulatory body including disclosure overseas, if this is specifically required to be disclosed. If the personal information is not provided to the College, the College may be unable to process your application, or to review and assess your training progress and examination performance. The College will manage your personal information in accordance with its Privacy Policy, which sets out how you can access and correct personal information that we hold about you, as well as our complaints handling process. To obtain a copy of our Privacy Policy please contact our Privacy Officer on +61 2 8356 5858 or visit our website: [www.rcpa.edu.au/Content-Library/Privacy-Policy](http://www.rcpa.edu.au/Content-Library/Privacy-Policy).*