



## 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](http://www.medicalboard.gov.au/registration-standards)

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](http://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](http://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](http://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.**

 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?

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  /  /

Country of birth



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 unless this has been previously provided to the Board. For more information, see *Change of name* in the *Information and definitions* section of this form.



**Contact information**

Please provide the contact and address details where you can be contacted about this application. Once registered, you can change your contact information at any time. Please go to [www.ahpra.gov.au/login](http://www.ahpra.gov.au/login) to change your contact details using your online account.

**2. What are your contact and address details?**

**Provide your current contact details below – place an  next to your preferred contact phone number.**

Business hours     Mobile

After hours

Email

Site/building and/or position/department (if applicable)

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

City/Suburb/Town\*

State or territory (e.g. VIC, ACT)/International province\*  Postcode/ZIP\*

Country (if other than Australia)

**SECTION B: Primary source verification of qualifications**



When you apply for registration, you will need to have applied to have your qualifications verified through the Educational Commission for Foreign Medical Graduates (ECFMG) Electronic Portfolio of International Credentials (EPIC). The Australian Medical Council (AMC) will provide the verification to the Board. For more information about the process go to the AMC website [www.amc.org.au](http://www.amc.org.au)

The college and Ahpra will use your AMC candidate number to link your *Application for assessment by a medical college – AAMC-30* to your application for registration.

**3. Have you applied to have your qualifications verified?**

YES  **Provide your details below** NO  I have not yet applied for verification

AMC candidate number



4. What is your primary medical degree?

**Primary medical degree**

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date  /  /  /  /  /       Completion date  /  /  /  /  /

 You **must** attach an original certified copy of your primary medical degree certificate that indicates completion of a course of study leading to a qualification in medicine.

 Attach a separate sheet if all of your academic qualifications and examinations/assessments do not fit in the space provided.

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 confirm that I am authorised to provide the personal details contained in this form.

I consent to my personal details and information being checked by a third party system to verify and confirm my identity.

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 <input type="text"/>
Date DD / MM / YYYY <input type="text"/> / <input type="text"/> / <input type="text"/>	SIGN HERE

## SECTION E: Checklist

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

<i>Additional documentation</i>		Attached
<b>Question 1</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 4</b>	An original certified copy of your primary medical degree certificate that indicates completion of a course of study	<input type="checkbox"/>
<b>Section C</b>	Position description for the proposed training position	<input type="checkbox"/>
<b>Section C</b>	Training plan providing details of the training in Australia and the anticipated date of any examinations or assessments	<input type="checkbox"/>
<b>Section C</b>	Details of the how supervision will be provided and the names and contact details of proposed supervisor(s)	<input type="checkbox"/>
<b>Section C</b>	Curriculum vitae of the applicant	<input type="checkbox"/>
<b>Section C</b>	<p><b>For specialists-in-training</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>confirm your trainee status with the college/body</li> <li>outline the content, structure and length of the overseas training program</li> <li>confirm that you are not likely to be more than two years from completing your specialist training</li> <li>confirm that you have passed a basic specialist examination or satisfactorily completed substantial training (generally three or more years i.e. PGY 5), and</li> <li>identify the objectives of the short term training to be undertaken in Australia.</li> </ul>	<input type="checkbox"/>
<b>Section C</b>	<p><b>For internationally qualified specialists</b></p> <p>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</p>	<input type="checkbox"/>





## 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

Date

D

D

/

M

M

/

Y

Y

Y

Y

Position of authorised college representative

Signature of authorised college representative

SIGN HERE

**Do not email this form.**

Please submit this completed form and supporting evidence using the Online Upload Service at [www.ahpra.gov.au/registration/online-upload](http://www.ahpra.gov.au/registration/online-upload).  
You may contact Ahpra on 1300 419 495



## Information and definitions

### CERTIFYING DOCUMENTS

**DO NOT send original documents.**

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](http://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.aspx](http://www.ahpra.gov.au/certify.aspx)
- 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,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, 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 via the Online Upload Service at [www.ahpra.gov.au/registration/online-upload](http://www.ahpra.gov.au/registration/online-upload). 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.aspx](http://www.ahpra.gov.au/certify.aspx)

### 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](http://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.