



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, 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 specialist pathway - short term training. This pathway does not lead to specialist registration. Applicants seeking to qualify for specialist registration must be in the specialist pathway - comparability assessment.

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 standards, codes and guidelines 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: **X**
- **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

The information items in this section of the application marked with an asterisk (*) will appear on the public register.

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 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.

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



2. What is your residential address?

 When you are not yet practising, or when you are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.

Residential address **cannot** be a PO Box.

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)

3. 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.

4. 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

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

Specialist qualification awarded

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

Specialist training area



7. 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

8. 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

9. 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 B: 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 he/she intends to return home on completion of the training program in Australia.

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:

- position description for the proposed training position
- details of the short term training program in Australia
- **signed and dated** curriculum vitae of the applicant, and
- **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:
 - i. confirming your trainee status with the college/body
 - ii. outlining the content, structure and length of the overseas training program
 - iii. confirming that you are no more than two years from completing your specialist training
 - iv. confirming that you have passed a basic specialist examination or satisfactorily completed substantial training (generally three or more years i.e. PGY 5), and
 - v. identifying the objectives of the short term training to be undertaken in Australia, **or**
- **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 C: 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.

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 assessment.

Name of applicant

Date

 / /

Signature of applicant

 SIGN HERE

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

Name of employer/sponsor

Name of institution

Date

 / /

Position of employer/sponsor

Signature of employer/sponsor

 SIGN HERE



SECTION D: Checklist

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

Additional documentation		Attached
Section B	Position description for the proposed training position	<input type="checkbox"/>
Section B	Details of the short term training program in Australia	<input type="checkbox"/>
Section B	Curriculum vitae of the applicant	<input type="checkbox"/>
Section B	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: <ul style="list-style-type: none"> i. confirming your trainee status with the college/body ii. outlining the content, structure and length of the overseas training program iii. confirming that you are no more than two years from completing your specialist training iv. confirming that you have passed a basic specialist examination or satisfactorily completed substantial training (generally three or more years i.e. PGY 5), and v. identifying the objectives of the short term training to be undertaken in Australia 	<input type="checkbox"/>
Section B	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 E: 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 specialist pathway - short term training.

10. Is the training position/ program suitable for the applicant?

YES

Go to Section F: Specialist college details

NO

Provide reasons below

Suitability of training position/program



SECTION F: Specialist college details

11. What are the details of the specialist college?

Specialist college details

Name of college

Name of contact person

Business hours (phone) Mobile

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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

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SECTION G: 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.

<p>Name of authorised college representative</p> <input style="width: 95%; height: 20px; border: 1px solid #0070C0;" type="text"/> <p>Date</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #0070C0; width: 20px; text-align: center;">D</td> <td style="border: 1px solid #0070C0; width: 20px; text-align: center;">D</td> <td style="border: 1px solid #0070C0; width: 10px; text-align: center;">/</td> <td style="border: 1px solid #0070C0; width: 20px; text-align: center;">M</td> <td style="border: 1px solid #0070C0; width: 20px; text-align: center;">M</td> <td style="border: 1px solid #0070C0; width: 10px; text-align: center;">/</td> <td style="border: 1px solid #0070C0; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid #0070C0; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid #0070C0; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid #0070C0; width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y	<p>Position of authorised college representative</p> <input style="width: 95%; height: 20px; border: 1px solid #0070C0;" type="text"/> <p>Signature of authorised college representative</p> <div style="border: 1px solid #0070C0; padding: 5px; display: flex; align-items: center;"> SIGN HERE </div>
D	D	/	M	M	/	Y	Y	Y	Y		

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