

Recognition of prior learning

This form should be completed by ANZCA trainees who wish to apply for Recognition of Prior Learning.

Personal de	tails						
College ID							
First name	ne						
Surname							
Email							
Mobile							
Section A: Recognition of Clinical anaesthesia training time Please tick only one of the following to specify which category you wish to apply for In a program pre-approved for RPL (Regulation 37.7.1.3.) In a program not pre-approved for RPL (Regulation 37.7.1.4) In ANZCA-accredited departments while not registered as an ANZCA trainee (min.52 weeks) (Regulation 37.7.1.5.) Please list the most relevant terms for each training period and provide a supporting letter on original hospital letterhead.							
					I eave taken	FTF	
IT (up to 26 weeks)	start date	End date	Hospital/fac	cility	Leave taken (in weeks)	FTE (0.5 – 1)	
IT (up to 26	Start date	End date	Hospital/fac	cility			
IT (up to 26 weeks) BT (up to 78 Weeks)	g for an e	xemption fron	n the primary exam?				
IT (up to 26 weeks) BT (up to 78 Weeks) Are you applyin If yes, please processed to the p	g for an ex rovide a ce	xemption fron ertified copy o	n the primary exam?	ertificate.	Yes	(0.5 – 1) No	



E. H. G.H. W.						
J	ses, please provide the			-MCT\		
Advanced life supp	, ,	, c	Early Management of Severe Trauma (EMST) Advanced Paediatric Life support course (APLS)			
Neonatal resuscitat						
Can t intubate, can	t oxygenate (CICO) coւ	urse				
Section B: Recog	nition of Other clir	nical time				
Which anaesthesia-rel	ated speciality are you	applying for?				
Please list the most re	levant terms for each co	ore unit period you want recogniti	on for.			
Start d	ate End date	Hospital/facility	Leave taken	FTE		
		,	(in weeks)	(0.5 – 1)		
IT (up to 1 weeks						
intensive care only)						
ВТ						
(up to 19 Weeks OCT)						
AT						
(up to 38 weeks OCT)						
PFT						
(up to 42 weeks OCT)						
Are you applying for ar	n exemption from the IC	CM specialised study unit review?	Yes	No		
Please provide a supp	orting letter from clinica	I supervisor confirming performar	nce meets expe	ctation.		
Are you submitting a lo	ogbook in the provided to	emplate for credits towards volum	ne of practice ar	nd		
workplace-based asse	ssments?		Yes	No		
Period covered by logb	oook:					
0-26 weeks	27-52 weeks	53-104 weeks	6			
Declaration of tra	inee					
I have discussed this a		ervisor of training and I solemnly on accurate	declare that the			
	• •					
Signature		Date				



Supervisor of training endorsement

I have discussed this application with the trainee and I support the request.					
Name of Supervisor:					
Signatura	Data				
Signature	Date				

Payment details

Each application will incur a non-refundable application fee. Once assessment has been completed, you will need to pay the recognition of prior learning assessment (RPL) fee depending on the RPL you have applied for. If you are not a registered ANZCA trainee, a preliminary assessment will be completed and only the application fee will apply.

Please tick to indicate which fee(s) you intend to pay:

	Australia	New Zealand (GST incl.)
RPL Application fee / Preliminary Assessment Fee (all applications)	\$A 700.00 (GST incl.)	\$NZ 815.00
Assessment fee		
RPL Assessment – Clinical Time	\$A 1060.00	\$NZ 1365.00
RPL Assessment – VOP/WBA Logbook (0-26 weeks)	\$A 1060.00	\$NZ 1365.00
RPL Assessment – VOP/WBA Logbook (27-52 weeks)	\$A 2120.00	\$NZ 2720.00
RPL Assessment – VOP/WBA Logbook (53-104 weeks)	\$A 3185.00	\$NZ 4085.00
RPL Assessment – Primary Examination	\$A 2650.00	\$NZ 3405.00
RPL Assessment – ICM SSU	\$A 1060.00	\$NZ 1365.00

Once your application is processed you will receive a secure payment link via email.

Please send your completed form to the college:

ANZCA Training

Email: assessor-requests@anzca.edu.au

For further information, please email or contact us at +61 3 9510 6299.



Supporting Documentation

More information on the supporting documents can be found below

DPA assessor request form - application notes

Time

A supporting letter on original hospital letterhead that confirms the following for each term you have indicated in section 2 that you wish to have assessed for RPL:

- Date of appointment
- Type of experience
- Amount of leave taken
- Accreditation of training by relevant training body

For terms with part-time training, documentation that shows:

Your duties comprised a minimum of 50 percent of the commitment of a full-time trainee in the same department

- You participated in both in-hours and out-of-hours duties on an FTEproportional basis
- You participated in the local/regional teaching on at least an FTEproportional basis

IAAC

If you have completed the Initial Assessment of Competence, please provide a copy of the certificate

Examination

For an exemption from the primary exam, you will need to attach a certified copy of the FRCA or FCAI Certificate

Volume of Practice and Workplacebased Assessments

Please provide an extract of your electronic logbook in the provided template.

Please enter the number of cases you wish to be credited as RPL and label the case with the relevant code. Please note, only cases labelled with requirement codes will be assessed. If appropriate, you may label one case with multiple codes.

Speciality experience

This should be a college Certificate/Letter stating training completed to date

Scholar role activities

Recognition of prior learning or exemption is available for four of the core scholar role activities, but not the audit activity. All trainees must complete the audit activity, noting the improved audit requirements.

The following forms can be used to prospectively apply for an activity to be completed during training, or to apply for recognition of a completed activity. Detailed requirements for RPL and exemptions

- Teach a skill and facilitate a group discussion.
- Critical appraisal of a paper and critical appraisal of a topic