

**APPLICATION FOR INITIAL REGISTRATION 2012
ESSENTIAL INFORMATION**

**CHECKLIST –
SUBMISSION OF DOCUMENTS:**

Please check that the following documentary evidence is attached so that your initial registration with the College can be processed.

- a) Medical registration (or dental registration for a Trainee in the Faculty of Oral Pathology)
- b) Medical (dental) degrees and other qualifications
- c) Evidence of clinical experience as an Intern or Resident Medical Officer
The evidence will normally be a letter from the Medical Director or similar.
- d) For Australian citizens/permanent residents whose basic primary medical qualification was not gained in Australia or New Zealand, proof of having passed the AMC assessment to work as a Doctor or OTS/AON in Australia, e.g. AMC Certificate/AMC Report 1. N/A

Certified copies of the original certificates must be presented. Please do not send originals as the College cannot be held responsible for the custody or return of documents

NB: Proof of medical registration must be re-submitted if you move interstate.

ACCREDITED LABORATORY

Have you checked that your laboratory is an RCPA accredited laboratory for your discipline and for the number of years you intend to work there?

PROSPECTIVE TRAINING PROGRAM

Your training program should be designed with your supervisor, outlining the content and form of your proposed training program during the year. The prospective training program must be submitted with your Initial Registration and then annually or on change of employment.

Prospective training program attached

REQUEST FOR RETROSPECTIVE ACCREDITATION

If you wish to seek accreditation for training undertaken prior to the period of supervised training detailed on the Initial Registration form you must apply on the Retrospective Accreditation page of the form and submit supporting documentation, signed by the supervisor or Head of Department from the laboratory in which the work was undertaken.

You may be required to pay a full or part fee to cover any period of retrospective accreditation.

- a) Documentation supporting application for retrospective accreditation of training
Note that if the date entered by your supervisor does not correspond with the date you have entered on the first page, you must apply for retrospective accreditation. N/A
- b) For JSAC Trainees, proof of having passed the FRACP Part I examinations. N/A
- c) For International Medical Graduates (IMGs) who wish to work in Australia, please submit a copy of your AMC Report 1, AMC Combined AON/Specialist Assessment or formal College letter detailing your training determination.
- d) If you have not been assessed by the Australian Medical Council (AMC) then you must obtain the AMC assessment before your Application for Initial Registration can be processed. If you wish to train outside of Australia, then your claim for retrospective accreditation will be actioned upon receipt of this application.

Please ensure you have completed all relevant information required, incomplete applications will not be processed. Faxed applications will not be accepted.

APPLICATION FOR INITIAL REGISTRATION – 2012

For use by new Trainees, trainees with lapsed registration of over two years, and Overseas Trained Specialists (OTS) registering for training. Trainees in JSAC programs must apply in addition to the Royal Australasian College of Physicians on the form available from them, with a copy to the Royal College of Pathologists of Australasia. **Trainees are responsible** for ensuring that the laboratory is accredited by the College.

LAST NAME: _____

GIVEN NAMES: _____

HOME ADDRESS: _____

POSTCODE: _____

PREFERRED CONTACT ADDRESS: Home Work

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL: _____

GENDER: Male Female DATE OF BIRTH: ____/____/____
Day Month Year

NATIONALITY: _____

DATE COMMENCED TRAINING: ____/____/____
Day Month Year

MEDICAL REGISTRATION: (Dental registration for candidates in the Faculty of Oral Pathology)

Registration Number: _____ Country, State or Territory: _____

Date of Original Medical Registration: ____/____/____
Day Month Year

Medical Registration current to: ____/____/____
Day Month Year

DEGREES AND OTHER QUALIFICATIONS

DEGREE: _____ YEAR: _____ INSTITUTE: _____

DEGREE: _____ YEAR: _____ INSTITUTE: _____

DEGREE: _____ YEAR: _____ INSTITUTE: _____

OTHER (please specify): _____

INTENDED PRIMARY TRAINING DISCIPLINE (Please tick one)

Anatomical Pathology	<input type="checkbox"/>	Chemical Pathology	<input type="checkbox"/>
Forensic Pathology	<input type="checkbox"/>	General Pathology	<input type="checkbox"/>
Genetics	<input type="checkbox"/>	Haematology	<input type="checkbox"/>
Immunology	<input type="checkbox"/>	Microbiology	<input type="checkbox"/>
Faculty of Oral Pathology	<input type="checkbox"/>		

Are you a JSAC Trainee? Yes No

TRAINING IN YEAR OF COMMENCEMENT:

MAIN INSTITUTION: _____

IS THIS INSTITUTION: Public Private

ADDRESS (Main): _____

POSTCODE: _____

PHONE: _____ PAGER: _____

FAX: _____ EMAIL: _____

OTHER LABORATORIES ON ROTATION: _____

ADDRESS: _____

POSTCODE: _____

PHONE: _____ PAGER: _____

FAX: _____ EMAIL: _____

SUPERVISOR: _____

Title **First Name** **Last Name**

POSITION: _____ PHONE: _____

FAX: _____ EMAIL: _____

PROSPECTIVE TRAINING PROGRAM

Please attach your Prospective Training Program for the year. The Program should be devised by the Supervisor in conjunction with the Trainee and should include specific objectives for the year, taking into account any special needs (eg exam preparation or rotation for experience not provided by the laboratory).

Please do not send lengthy generic documents. The program should be a concise summary of activities developed specifically for the applicant. It should be accompanied by a weekly or monthly timetable of activities.

JSAC Trainees, need only attach a copy of the RACP Application for Approval of Advanced Training form.

If you are unable to provide a Prospective Program, please state the reason and when it will be provided.

If you are an IMG who is not required to undertake any supervised training, a training program is not required but you still need a Fellow of the College to supervise your preparations for exams.

TRAINEE SIGNATURE: _____ DATE _____

SUPERVISION

This is to confirm that I, _____, have agreed to act as Supervisor
(Please print full name)

for the period from ____/____/____ to ____/____/____
Day Month Year Day Month Year

(Please note that if the date above does not correspond with the commencement date on Page 1, the Trainee must apply for retrospective accreditation with supporting documentation.)

I am prepared to fulfil the responsibilities laid down by the College.
I have developed the attached Prospective Training Program with the Trainee.

Signature of Supervisor: _____ Date: _____

RCPA ID _____

PRIVACY AND CONFIDENTIALITY

Any personal information you provide is strictly confidential to the College. However, in the course of your training it may be necessary for the College to provide your 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. 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. If you would like to access any information we hold about you or obtain a copy of our Privacy Policy please contact our Privacy Officer on + 61 2 8356 5858.

Office Use Only:	Payment correct	<input type="checkbox"/>	\$ _____
	Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	Current Credit Card <input type="checkbox"/>
	Laboratory accredited <input type="checkbox"/>	Member ID created: _____	
Administrator: _____		Entered	<input type="checkbox"/>
Current medical registration	<input type="checkbox"/>	Qualifications	<input type="checkbox"/>
Clinical experience	<input type="checkbox"/>	Prospective Training Program	<input type="checkbox"/>
Retrospective approved	<input type="checkbox"/>	Retrospective to Chief Examiner	<input type="checkbox"/>
Registrar: _____		Date: _____	

APPLICATION FOR RETROSPECTIVE ACCREDITATION OF TRAINING TIME

Application for retrospective accreditation must be made at the time of Initial Registration, with full supporting documentation (eg training programs, supervisors' reports and letters outlining the relevance for pathology training). If you do not apply now then retrospective accreditation may not be granted at a later date. You will be advised of the result and any payment required after the next Board of Censors meeting following your application.

JSAC Trainees must formally apply for accreditation of RACP basic training.

Subject/Discipline: _____

Training Institution: _____

Dates: _____

Total Duration (months): _____

Documents Attached: _____

Subject/Discipline: _____

Training Institution: _____

Dates: _____

Total Duration: _____

Documents Attached: _____

Subject/Discipline: _____

Training Institution: _____

Dates: _____

Total Duration: _____

Documents Attached: _____