

## APPLICATION FOR TRAINING DETERMINATION

Before completing this form, please refer to the Step Guides on *Assessment of Overseas Trained Specialists with Australian or New Zealand medical qualifications who wish to obtain Fellowship* or *Assessment of Overseas Trained Specialists Domiciled in Countries where the RCPA has a Training Program and Who Wish to Obtain Fellowship* for further information.

*Please print all entries.*

LAST NAME: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_

PREFERRED MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SEX: Male  Female  DATE OF BIRTH: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

In which country did you train in pathology? \_\_\_\_\_

In which country are you currently working? \_\_\_\_\_

**MEDICAL REGISTRATION:** (Dental registration for Oral and Maxillofacial Pathologists)

Registration Number: \_\_\_\_\_ Country, State or Territory: \_\_\_\_\_

Date of Original Registration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Registration current to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Not currently registered:

**DEGREES AND OTHER QUALIFICATIONS**

Degree: \_\_\_\_\_ Year: \_\_\_\_\_ Institute: \_\_\_\_\_

Degree: \_\_\_\_\_ Year: \_\_\_\_\_ Institute: \_\_\_\_\_

Degree: \_\_\_\_\_ Year: \_\_\_\_\_ Institute: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**DISCIPLINE IN WHICH TRAINED AND CURRENTLY WORKING** (*Please tick*)

	Trained	Working		Trained	Working
Anatomical Pathology	<input type="checkbox"/>	<input type="checkbox"/>	Chemical Pathology	<input type="checkbox"/>	<input type="checkbox"/>
Forensic Pathology	<input type="checkbox"/>	<input type="checkbox"/>	General Pathology	<input type="checkbox"/>	<input type="checkbox"/>
Genetic Pathology	<input type="checkbox"/>	<input type="checkbox"/>	Haematology	<input type="checkbox"/>	<input type="checkbox"/>
Immunopathology	<input type="checkbox"/>	<input type="checkbox"/>	Microbiology	<input type="checkbox"/>	<input type="checkbox"/>
Oral and Maxillofacial Pathology	<input type="checkbox"/>	<input type="checkbox"/>			

Subspecialty: \_\_\_\_\_  
(*If applicable*)

If you are not currently working in pathology, please provide details:

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## PRIVACY AND CONFIDENTIALITY

*Any personal information you provide is strictly confidential to the College. However, it may be necessary for the College to provide information regarding your application to College committees and relevant Fellows of the College. 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. PLEASE SIGN ONE OF THE FOLLOWING*

I hereby consent to the RCPA providing relevant and necessary information as above.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**I DO NOT** consent to the RCPA providing relevant and necessary information as above.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### **PLEASE FORWARD THIS FORM TO THE COLLEGE WITH THE FOLLOWING**

The documents that the RCPA require are:-

- Payment details
- RCPA Form Application for Training Determination
- Certified copies of English language version of primary and specialist medical qualifications
- Comprehensive Curriculum Vitae (dated) including supervised training, Continuing Professional Development (CPD) activities, list of research activities, current employment and publications.
- Current Certificate of Good Standing and/or Certificate of Registration Status or equivalent. If this is not available, a copy of the application made to the relevant medical board or recognised authority to provide the relevant information.
- Certificates or documentation of completion of specialist training programs and exams are required.
- Details of specialist examinations taken are required in the form of an academic transcript or formal invitation to sit examinations. This is not generic information but confirmation that you have sat the examination(s) and some information about the format would be useful.
- Applicants are required to supply documentation of your supervised training. The documentation needs to detail the length of time and the areas you have covered in your supervised training and can take the form of any combination of the below four formats.
  - Applicants are required to provide copies of documentation provided by your Training Institution in the form of an academic transcript.
  - Applicants are required to provide Log Book data as evidence of supervised training. The Log Book data should include summary data which outlines details of the supervised training. The Log Book needs to be dated, verified (stamped) and signed by your Supervisor or Head of Department where the training took place.
  - Applicants are required to provide copies of Supervisor Reports.
  - Applicants are required to provide formal letters from the supervisors of your training or Head of Department while you were training where the training took place. The letter needs to detail your supervised training in the areas of length of time and areas covered. The letters provided need to be dated, on letterhead, and bearing the supervisor or Head of Department signature.

Documentation NOT required so therefore please do not submit to the College includes:

- Certificate of completion of intern training
- Published research papers/other specialist papers as they are listed in your CV
- Details of participation in MOPS/CME/CPDP as you are being assessed on your supervised training
- Certificates of membership of specialist medical bodies as you are being assessed on your supervised training
- Post Fellowship experience does not need to be documented as you can list in your CV and you are being assessed on your supervised training

**PLEASE ENSURE YOU HAVE COMPLETED ALL AREAS OF THIS FORM**

**FAXED APPLICATIONS WILL NOT BE ACCEPTED**

*Thank you*

<b>Office Use Only:</b>	Payment correct	<input type="checkbox"/>	\$ _____	
	Cheque	<input type="checkbox"/>	Money Order	<input type="checkbox"/>
			Current Credit Card	<input type="checkbox"/>
<b>Administrator:</b>	_____		Entered	<input type="checkbox"/>
Medical/dental registration	<input type="checkbox"/>	Qualifications		<input type="checkbox"/>
CV sufficient	<input type="checkbox"/>	References	<input type="checkbox"/>	N/A <input type="checkbox"/>
To Chief Examiner: Path Sciences	<input type="checkbox"/>	Discipline _____		<input type="checkbox"/>
<b>Registrar:</b>			<b>Date:</b>	