

APPLICATION FOR GENERAL PATHOLOGY EXAMINATIONS 2022

Please refer to the [Examination Essential Information Sheet](#) before completing this form

Applications must be received by 5.00 PM SYDNEY TIME on FRIDAY 18 FEBRUARY 2022
Except for signatures, please print ALL entries in upper case

RCPA ID NO _____

ANNUAL REGISTRATION AND PAYMENT FORMS SUBMITTED? Yes No

FIRST NAME _____ LAST NAME _____

MOBILE PHONE _____ EMAIL _____

Are you applying for special consideration? Yes No

(If yes, please refer to the Examination Candidates in Need of Consideration for Illness, Accident, Disability or Compassionate Grounds Policy [here](#) then submit a Request Form and supporting documentation by email to exam@rcpa.edu.au)

GENERAL PATHOLOGY

Anatomical Pathology
(includes Structured Oral)

Chemical Pathology

Haematology

Microbiology

Clinical Consolidation Oral Examination

Are you an Overseas Trained Specialist? Yes No

PREVIOUS RCPA EXAMINATION APPLICATIONS *(If applicable)*

Examination	Year	Result	Subsequent Exemptions Granted

PROPOSED TRAINING IN 2022

Discipline	Institution	Supervisor	Dates	Duration (months)

DETAILS OF PATHOLOGY TRAINING TO DATE

Discipline	Institution	Supervisor	Exact Dates From --- To	Duration (Months)

CHECK LIST *Please tick box to confirm that you have enclosed the following:*

1. 1 copy of this form, fully completed.
(Please keep an additional copy for your Training Portfolio)
2. Completed payment authorisation form
Please see schedule for relevant examinations fee
A Tax invoice/receipt will be sent in due course.
3. Relevant supporting documents attached:
In support of application for exemption Yes N/A

If it is found that after the submission of an examination application form, a trainee has not met the eligibility criteria for sitting an examination/s, eg insufficient accredited training time, the trainee will be withdrawn from the examination/s. The trainee will be eligible for a full refund of the examination fee

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

Candidate's Signature: _____ Date: _____

APPLICATIONS MUST BE FULLY COMPLETED & RECEIVED BY POST NO LATER THAN 5.00 PM SYDNEY TIME ON FRIDAY 18 FEBRUARY 2022

INCOMPLETE OR FAXED APPLICATIONS WILL NOT BE PROCESSED

Thank you

Office use only							
1.	Form complete	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
2.	Currently registered for training	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
3.	Part II candidates: Pathological Sciences completed or exempted	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
4.	Correct fee received	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
AUD \$ _____		Cheque	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	Current Credit Card	<input type="checkbox"/>
Administrator: _____		Acknowledgement: ____ / ____ / ____					
5.	Supporting documentation satisfactory	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
6.	Requisite training completed (or scheduled prior to exam)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Registrar: _____		Date: _____					

[This page is intentionally blank – if printing your form in double-sided format, please print page 5 “Payment Authorisation” separately]

PAYMENT AUTHORISATION

The College accepts payment by Cheque, Money Order, American Express, Mastercard or Visa only.

ALL PAYMENTS MUST BE IN AUSTRALIAN DOLLARS

Full Name of Applicant: _____

RCPA ID No: _____

Daytime contact phone no. or e-mail: _____

I wish to authorise my payment for:

General Pathology candidates – Post 2014 curriculum

Anatomical Pathology AUD \$ _____

Chemical Pathology AUD \$ _____

Haematology AUD \$ _____

Microbiology AUD \$ _____

Clinical Pathology Oral Examination AUD \$ _____

General Pathology candidates – Pre 2014 curriculum

Morphological/Clinical Pathology AUD \$ _____

Practical Assessment AUD \$ _____

Late Exam Application Fee (if applicable): AUD \$ _____

TOTAL AMOUNT AUD \$ _____

(Please tick one): Cheque Money Order A/E Visa MasterCard

Card Number:

Expiry: ____ / ____

Full Name on Card: _____

Signature of Cardholder: _____

Preferred contact of Cardholder: _____