

## APPLICATION FOR NPAAC EXAMINATIONS 2021

Applications **MUST** be received by: **5.00 PM AEST on FRIDAY 5 MARCH 2021**  
Except for signatures, please print ALL entries in upper case

RCPA ID NO \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### NPAAC EXAMINATION (Please tick all that apply)

<b>Anatomical Pathology</b>	<input type="checkbox"/>
Module 1	<input type="checkbox"/>
Module 2	<input type="checkbox"/>
Module 3	<input type="checkbox"/>
<b>Haematology</b>	<input type="checkbox"/>
Module 2	<input type="checkbox"/>
Module 3	<input type="checkbox"/>
Module 4	<input type="checkbox"/>
Module 5	<input type="checkbox"/>
<b>Microbiology</b>	<input type="checkbox"/>
Module 1	<input type="checkbox"/>
Module 2	<input type="checkbox"/>
Module 3	<input type="checkbox"/>
<b>Chemical Pathology</b>	<input type="checkbox"/>
Module 2	<input type="checkbox"/>
Module 3	<input type="checkbox"/>
Module 4	<input type="checkbox"/>
<b>Immunopathology</b>	<input type="checkbox"/>
Module 1	<input type="checkbox"/>
Module 2	<input type="checkbox"/>
Module 3	<input type="checkbox"/>

### DETAILS OF NPAAC TRAINING TO DATE

Discipline	Institution	Supervisor	Date Commenced
_____	_____	_____	_____
_____	_____	_____	_____

**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 Handbook Portfolio)
2. Completed payment authorisation form  
**Examination fee is \$1,250 per Module**   
A Tax invoice/receipt will be sent in due course.
3. Supervisor Report / Sign-Off: Attached Yes  N/A

If it is found that after the submission of an examination application form, a candidate has not met the eligibility criteria for sitting an examination/s, e.g. has not received Supervisor Sign-Off, the candidate will be withdrawn from the examination/s. The Candidate will be eligible for a full refund of the examination fee.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 EMAIL TO [ianec@rcpa.edu.au](mailto:ianec@rcpa.edu.au) NO LATER THAN 5.00 PM AEST ON FRIDAY 5 MARCH 2021**

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

<i>Office use only</i>						
1. Form complete	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
2. Currently registered for TAP	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
3. 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"/>
7. Requisite TAP Handbook requirements completed	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 4 “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

RCPA ID No: \_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_

Daytime contact phone no. or e-mail: \_\_\_\_\_

**I wish to authorise my payment for:**

Examination Fee (**\$1,250 per Module**): AUD \$ \_\_\_\_\_

**TOTAL AMOUNT AUD \$ \_\_\_\_\_**

**\* Full fees are required at time of application for any components**

(Please tick one): Cheque  Money Order  Amex  Visa  MasterCard

Card Number:

Expiry: \_\_\_\_ / \_\_\_\_

Full Name on Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Preferred contact of Cardholder: \_\_\_\_\_

\_\_\_\_\_