

# APPLICATION FOR PART I, II AND POST-FELLOWSHIP DIPLOMA EXAMINATIONS 2022

For General Pathology Discipline Candidate – Use specified application form

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 a Joint RCPA/RACP Trainee? Yes  No

Are you an Overseas Trained Specialist? Yes  No

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](mailto:exam@rcpa.edu.au))

## SINGLE DISCIPLINE EXAMINATION

Anatomical Pathology	Part I <input type="checkbox"/>	Part II - 4 <sup>th</sup> year <input type="checkbox"/>	Final year <input type="checkbox"/>
		<b>Part II Components:</b>	
		Cytology Practical	<input type="checkbox"/>
		Small Biopsy & Special Techniques (SBST)	<input type="checkbox"/>
		Histopathology Slides	<input type="checkbox"/>
		Oral Examination	<input type="checkbox"/>

Chemical Pathology Part I  Part II

Forensic Pathology Part I  Part II

Genetic Pathology:  
Biochemical Part I  Part II   
Medical Genomics Part I  Part II

Haematology Part I  Part II

Immunopathology Part I  Part II

Microbiology Part I  Part II

Oral & Maxillofacial Pathology Part I  Part II

## POST FELLOWSHIP DIPLOMA

Cytopathology  Biochemical Genetics  Dermatopathology   
Forensic Pathology  Neuropathology  Paediatric Pathology

WHICH CENTRE DO YOU INTEND TO SIT THE MAY EXAMINATIONS? \_\_\_\_\_

(Please refer to the [Examination Essential Information Sheet](#))

**PREVIOUS RCPA EXAMINATION APPLICATIONS** *(If applicable)*

Examination	Year	Result	Subsequent Exemptions Granted

**PROPOSED TRAINING IN 2022**

Discipline	Institution	Supervisor	Dates	Duration <i>(months)</i>

**DETAILS OF PATHOLOGY TRAINING TO DATE**

Discipline	Institution	Supervisor	Exact Dates <i>From --- To</i>	Duration <i>(Months)</i>

**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 examination 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, e.g. 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 MAIL NO LATER THAN 5.00 PM SYDNEY TIME ON FRIDAY 18 FEBRUARY 2022**

**INCOMPLETE OR FAXED 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 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"/>
<b>Administrator:</b> _____		<b>Acknowledgement:</b> _____ / _____ / _____					
5.	Supporting documentation satisfactory	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
7.	Requisite training completed (or scheduled prior to exam)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<b>Registrar:</b> _____		<b>Date:</b> _____					

**[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

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

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

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

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

Examination Fee:	Part I	AUD \$ _____
Examination Fee:	Part II *	AUD \$ _____
Examination Fee:	Repeat	AUD \$ _____
Diploma/Certificate Fee:		AUD \$ _____
Late Exam Application Fee (if applicable):		AUD \$ _____

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

#### \* Full Part II 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: \_\_\_\_\_

\_\_\_\_\_