



## Application for assessment by a medical college Profession: Medical

Health Practitioner Regulation National Law (the National Law)

This form is for international medical graduates (IMG) who are seeking **limited registration for postgraduate training or supervised practice** in order to undertake short term specialist training (usually up to 24 months), and require assessment by a medical college as part of that application process.


The purpose of this application is to enable the college to advise the Medical Board of Australia (the Board) on the suitability of the specified training position for the IMG. The Board requires this advice from the college to help decide on the eligibility of the IMG for registration in the short term training in a medical specialty pathway. This pathway does not lead to specialist registration. Applicants seeking to qualify for specialist registration must be in the specialist pathway - specialist recognition.

For more information, refer to the Board's registration standard for specialist registration at [www.medicalboard.gov.au/registration-standards](http://www.medicalboard.gov.au/registration-standards)

This application comprises:

- **Part A:** to be completed by the applicant and the employer/sponsor, and
- **Part B:** to be completed by an authorised college representative

It is important that you refer to the Board's registration standard for limited registration postgraduate training or supervised practice and the guideline *Short term training in a medical specialty for international medical graduates who are not qualified for general or specialist registration* before completing this application. Registration standards, codes and guidelines can be found at [www.medicalboard.gov.au](http://www.medicalboard.gov.au)





 **This application will not be considered unless it is complete and all supporting documentation has been provided.** Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (AHPRA) guidelines. See *Certifying documents* in the *Information and definitions* section of this form.

### Privacy and confidentiality

The Board and AHPRA are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this application, available at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).


By signing this form, you confirm that you have read the collection statement. AHPRA's privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

### Symbols in this form

-  **Additional information**  
Provides specific information about a question or section of the form.
-  **Attention**  
Highlights important information about the form.
-  **Attach document(s) to this form**  
Processing cannot occur until all required documents are received.
-  **Signature required**  
Requests appropriate parties to sign the form where indicated.

### Completing this form


- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to AHPRA.
- Use a **black or blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT send original documents unless specified.**

 Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

## PART A – To be completed by the applicant and the employer/sponsor

### SECTION A: Applicant details

#### 1. What are your name and birth details?

 If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change.

For more information, see *Change of name* in the *Information and definitions* section of this form.

Title MR  MRS  MISS  MS  DR  OTHER

**Family name**

**First given name**

**Middle name(s)**


**Previous names known by** (e.g. maiden name)

**Date of birth**  /  /

**Country of birth**



**2. What are your contact and address details?**

 Please provide the contact and address details where you can be contacted about this application.

**Provide your current contact details below – place an  next to your preferred contact phone number.**

Business hours     Mobile

After hours

Email

Site/building and/or position/department (if applicable)


Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town\*

State or territory (e.g. VIC, ACT)/International province\*  Postcode/ZIP\*

Country (if other than Australia)

**SECTION B: Primary source verification of qualifications**

 When you apply for registration, you will need to have applied to have your qualifications verified through the Educational Commission for Foreign Medical Graduates (ECFMG) Electronic Portfolio of International Credentials (EPIC). The Australian Medical Council (AMC) will provide the verification to the Board. For more information about the process go to the AMC website [www.amc.org.au](http://www.amc.org.au)

The college and AHPRA will use your AMC candidate number to link your *Application for assessment by a medical college – AAMC-30* to your application for registration.

**3. Have you applied to have your qualifications verified?**

YES  **Provide your details below** NO  I have not yet applied for verification

AMC candidate number

**4. What is your primary medical degree?**


**Primary medical degree**


Title of qualification

Name of institution (University/College/Examining body)

Country

Start date  /  Completion date  /

 You **must** attach an original certified copy of your primary medical degree certificate that indicates completion of a course of study leading to a qualification in medicine.

 Attach a separate sheet if all of your academic qualifications and examinations/assessments do not fit in the space provided.



5. What is the name of the overseas specialist college/body awarding the specialist qualification, or with whom are you a specialist-in-training?

**Name of specialist college/body**

**State/Province**

**Country**

6. What is the specialist qualification awarded (or to be awarded) by the above college/body upon completion of training?

**Specialist qualification awarded**

7. What is the specialist training area (e.g. anaesthetics, neonatology, etc.) of the proposed training position?

**Specialist training area**

8. Who is the contact person (employer or sponsor) nominated to act on behalf of the applicant?

**Title**  
 MR  MRS  MISS  MS  DR  OTHER

**Family name**

**First given name**

**Business hours contact phone number**

**Mobile**

**After hours**

**Email**



**9. What are the employer's/ institution's/supervisor's contact details?**

**Provide your employer's/institutions's/supervisor's contact details below**

Please specify:  Employer  Institution  Supervisor

Employer's/institutions's/supervisor's name

Site/building (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

Suburb/City/Town

State or territory (e.g. VIC, ACT)/International province      Postcode/ZIP

Business hours contact phone number      Mobile

After hours

Email

**10. In which Australian state or territory will the training position be located?**

**State or territory of training**

VIC     NSW     QLD     SA     WA     NT     TAS     ACT



## SECTION C: Supporting documentation



Please check with the relevant college website as further specific information may be required by some colleges.

**Note:** Further registration requirements apply, including a signed declaration from the applicant that at the time of registration they have no intention of making further applications for registration at the end of the specified training period (usually up to 24 months).

Please check with the relevant college website for the fee payable to the college to undertake an assessment. This fee may vary from college to college and fee payment must be included with this application form.

Any application form submitted to a college without fee payment will be returned directly to the employer/sponsor to seek payment before an assessment can take place.

It is important that you refer to *Curriculum vitae* in the *Information and definitions* section of this form for **mandatory requirements** of the CV.



The following documents **must** be attached to this application and submitted to the relevant college:

- a position description for the proposed training position
- a training plan providing details of the purpose, anticipated duration, location, content and structure of training in Australia and the anticipated date of any examinations or assessments
- details of how supervision will be provided and the names and contact details of proposed supervisor(s), and  
**(Note:** Proposed supervision arrangements must meet the requirements of the Board's *Guidelines - Supervised practice for international medical graduates*)
- **signed and dated** curriculum vitae of the applicant.

If you are a specialist-in-training or an internationally qualified specialist, you must also attach or organise additional documents.

### For specialists-in-training

A statement from the overseas specialist college or body awarding the specialist qualification with whom the applicant is a trainee in the country of training. The statement must:

- confirm your trainee status with the college/body
- outline the content, structure and length of the overseas training program
- confirm that you are not likely to be more than two years from completing your specialist training
- confirm that you have passed a basic specialist examination or satisfactorily completed substantial training (generally three or more years i.e. PGY 5), and
- identify the objectives of the short term training to be undertaken in Australia.

### For internationally qualified specialists

A statement from the overseas specialist college or body awarding the specialist qualification that confirms the applicant's specialist qualification in the country of training

## SECTION D: Consent



**Before you sign and date this form,** make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form.

### Applicant's declaration – *To be completed and signed by the applicant*

I confirm that:

- I have read the privacy and confidentiality statement for this form, and
- at this time, I have no intention of making further application for registration at the end of the specified training period.

I agree to:

- release of the college assessment direct to AHPRA, and
- the employer/sponsor nominated on this form to act on my behalf in matters relating to this application.

Name of applicant

Date

 /  / 

Signature of applicant



SIGN HERE



## Employer/sponsor signature – *To be completed and signed by the employer/sponsor*

I agree to act on behalf of the applicant in matters relating to this application.

Name of employer/sponsor <input style="width: 95%; height: 20px;" type="text"/>	Position of employer/sponsor <input style="width: 95%; height: 20px;" type="text"/>
Name of institution <input style="width: 95%; height: 20px;" type="text"/>	Signature of employer/sponsor <div style="border: 1px solid #ccc; padding: 5px; text-align: center;"> <span style="font-size: 2em; color: #ccc; opacity: 0.5;">SIGN HERE</span> </div>
Date <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

## SECTION E: Checklist

Have the following items been attached or arranged, if required?

Additional documentation		Attached
<b>Question 4</b>	An original certified copy of your primary medical degree certificate that indicates completion of a course of study	<input type="checkbox"/>
<b>Section C</b>	Position description for the proposed training position	<input type="checkbox"/>
<b>Section C</b>	Training plan providing details of the training in Australia and the anticipated date of any examinations or assessments	<input type="checkbox"/>
<b>Section C</b>	Details of the how supervision will be provided and the names and contact details of proposed supervisor(s)	<input type="checkbox"/>
<b>Section C</b>	Curriculum vitae of the applicant	<input type="checkbox"/>
<b>Section C</b>	<b>For specialists-in-training</b> A statement from the overseas specialist college or body awarding the specialist qualification with whom the applicant is a trainee in the country of training. The statement must: <ul style="list-style-type: none"> <li>confirm your trainee status with the college/body</li> <li>outline the content, structure and length of the overseas training program</li> <li>confirm that you are not likely to be more than two years from completing your specialist training</li> <li>confirm that you have passed a basic specialist examination or satisfactorily completed substantial training (generally three or more years i.e. PGY 5), and</li> <li>identify the objectives of the short term training to be undertaken in Australia.</li> </ul>	<input type="checkbox"/>
<b>Section C</b>	<b>For internationally qualified specialists</b> A statement from the overseas specialist college or body awarding the specialist qualification that confirms the applicant's specialist qualification in the country of training	<input type="checkbox"/>



**PART B – To be completed by an authorised college representative**

**The applicant must provide the employer/sponsor with a copy of Part B of this form.**

**SECTION F: Applicant suitability**

The Board requires the college to provide the information below. This information will help the Board decide on the applicant's eligibility for registration in the short term training in a medical specialty pathway.

**11. Does the applicant meet the Board's exemption from the eligibility criteria for this pathway?**

From time to time international specialists or specialists in training registered in New Zealand may be required by an accredited college to undertake rotations in Australia. Some of these trainees may be more than 2 years away from completing their specialist training. To enable them to complete college requirements, the Board may grant an exemption to the requirement to be no more than two years away from completing specialist training, where the applicant for registration:

- is not qualified for general registration in Australia, and
- holds registration in a general scope with the Medical Council of New Zealand, and
- is an accredited trainee with an Australian Medical Council accredited specialist medical college.

N/A  The applicant is not a New Zealand college trainee  
**Go to the next question**

YES  The applicant meets the Board's requirements  
**Go to the next question**

**12. What is the duration of the training period in Australia?**

**Duration of training period**

SPECIFY

**13. Is the training position/program suitable for the applicant?**

The college assessment of whether the training position is suitable for the applicant will take into consideration:  
a) whether the applicant appears to be a genuine specialist in training or internationally qualified specialist  
b) that the position the applicant is applying for is a genuine training position that is appropriate for the applicant's training requirements, taking into consideration their reported level of training and experience, and  
c) that there is adequate supervision and support for the applicant's level of training and experience.

This assessment will take into consideration the purpose and principles of supervision as set out in the Board's *Guidelines – Supervised practice for international medical graduates*.

For more information, see *Genuine training position* in the *Information and definitions* section of this form.

YES  **Go to Section G: Specialist college details**

NO  **Provide reasons below**

**Suitability of training position/program**

Large empty box with horizontal dashed lines for providing reasons.



## SECTION G: Specialist college details

**14. What are the details of the specialist college?**

**Specialist college details**

Name of college

Name of contact person

Business hours (phone) Mobile

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Email

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

Suburb/City/Town

State/Territory (e.g. VIC, ACT) Postcode

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## SECTION H: Authorised college representative



The college **must** attach copies of the documents provided by the applicant for assessment and forward this completed form to the relevant AHPRA office. The college may send the documents via mail or email to the relevant AHPRA office.

<p>Name of authorised college representative</p> <input style="width: 95%; height: 20px; border: 1px solid #0070C0;" type="text"/> <p>Date</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #0070C0; width: 20px; height: 20px; text-align: center;">D</td> <td style="border: 1px solid #0070C0; width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 10px; text-align: center;">/</td> <td style="border: 1px solid #0070C0; width: 20px; height: 20px; text-align: center;">M</td> <td style="border: 1px solid #0070C0; width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 10px; text-align: center;">/</td> <td style="border: 1px solid #0070C0; width: 20px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid #0070C0; width: 20px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid #0070C0; width: 20px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid #0070C0; width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y	<p>Position of authorised college representative</p> <input style="width: 95%; height: 20px; border: 1px solid #0070C0;" type="text"/> <p>Signature of authorised college representative</p> <div style="border: 1px solid #0070C0; padding: 5px; display: flex; align-items: center;"> <span style="font-size: 2em; color: #0070C0; opacity: 0.5;">SIGN HERE</span> </div>
D	D	/	M	M	/	Y	Y	Y	Y		

**On completion of the assessment by the college this form and attachments should be sent to:**

**AHPRA**  
**GPO Box 9958**  
**IN YOUR CAPITAL CITY** *(refer below)*  
 The relevant capital city will be the city in which the training position is located.

You may contact AHPRA on 1300 419 495 or you can lodge an enquiry at [www.ahpra.gov.au](http://www.ahpra.gov.au)

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Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801





## Information and definitions

### CERTIFYING DOCUMENTS

**DO NOT send original documents unless specified.**

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with AHPRA guidelines, which are available at [www.ahpra.gov.au/registration/registration-process](http://www.ahpra.gov.au/registration/registration-process)
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit [www.ahpra.gov.au/certify](http://www.ahpra.gov.au/certify)
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. For more information, AHPRA's guidelines for certifying documents can be found online at [www.ahpra.gov.au/certify](http://www.ahpra.gov.au/certify)

### CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted.

### CURRICULUM VITAE

Your curriculum vitae must:

- explain any period since obtaining your professional qualifications where you have not practised and reasons why (e.g. undertaking study, travel, family commitment)
- be in chronological order
- be signed and dated with a statement, 'This curriculum vitae is true and correct as at (insert date)', and
- be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

It must also contain all the elements defined in AHPRA's standard format for curriculum vitae which can be found at [www.ahpra.gov.au/cv](http://www.ahpra.gov.au/cv)

### GENUINE TRAINING POSITION

**Genuine training position** means that the Australian training position that the applicant has applied for is a training position accredited by an AMC accredited specialist medical college or is a formal structured training position which consists of formal assessment processes and mechanisms for measuring learning outcomes. The training position is not primarily a service position.