APPLICATION TO BE ASSESSED FOR RECOGNITION AS A SPECIALIST

To be eligible to apply for specialist assessment, you are required to hold a specialist qualification from overseas that allows you to practice in the relevant specialty field in your country of training.

Lodge this form with the specified supporting documents.

Before completing your application, please read the below information:
- Please ensure that the application forms and copies of documents are completed and certified correctly.
- Applications for specialist assessment will be assessed upon receipt of specialist assessment fee. If, following receipt of the specialist assessment fee, your application is assessed as incomplete or incorrectly completed, you will have 40 working days to submit the outstanding documentation before your application expires.
- In the event that your application is not activated, or you are assessed as not meeting the eligibility criteria for specialist assessment you will be charged an administration fee equal to 10% of the specialist assessment fee, with the balance of the fee refunded.
- You should read the information available on the websites of the Medical Board of Australia (MBA) (www.medicalboard.gov.au) and the Royal Australasian College of Surgeons (RACS) at www.surgeons.org before completing the application forms.
- You should refer to the MBA website (www.medicalboard.gov.au) for correct witnessing procedures.

STATUTORY DECLARATIONS
The following are accepted as eligible to witness declarations and required assessment documentation:

<table>
<thead>
<tr>
<th>IN AUSTRALIA</th>
<th>OVERSEAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Justice of the Peace</td>
<td>Notary Public</td>
</tr>
<tr>
<td>Chief Magistrate – Police Magistrate – Resident Magistrate – Special Magistrate.</td>
<td>A person appointed to hold, or act in, the office in a country or place outside Australia in an Australian Embassy, High Commission, Legation or other post as:</td>
</tr>
<tr>
<td>A person appointed under the Statutory Declarations Act 1959, as amended, or under a State Act to be a Commissioner for Declarations.</td>
<td>o Australian Consul-General, Consul or Vice-Consul.</td>
</tr>
<tr>
<td>A Notary Public.</td>
<td>o Australian Trade Commissioner or Consular Agent.</td>
</tr>
<tr>
<td>A person appointed as a Commissioner for Declarations under the Statutory Declarations Act 1911, or under that Act as amended, and holding office immediately before the commencement of the Statutory Declarations Act 1959.</td>
<td>o Australian Ambassador or High Commissioner.</td>
</tr>
<tr>
<td></td>
<td>o Australian Minister, Head of Mission, Commissioner, Chargé d’Affaires or Counsellor.</td>
</tr>
<tr>
<td></td>
<td>o Australian Secretary or Attaché.</td>
</tr>
</tbody>
</table>

Note: A Justice of the Peace registered outside Australia is NOT accepted for witnessing documentation.

It is important that the witness state in their wording that it is a ‘certified true copy’. A sample of acceptable wording is shown below.

The name and title of the witness and the date certified must also be included in the certification. Certification should be made on each page of the actual document. If the witness certifies the document on a separate page, it needs to be correctly notary bound (no staples allowed).

EVIDENCE OF ENGLISH LANGUAGE PROFICIENCY

You must supply evidence of English language proficiency. The College will accept IELTS, OET, NZREX or PLAB at a level of achievement acceptable to the Medical Board of Australia (MBA). Results must be from the 2 years immediately prior to application. If your secondary education and tertiary qualification was taught and assessed in English you may be eligible for an exemption from this requirement. While the College bases its exemption criteria on that of the MBA/MCNZ, please be aware that a College-granted exemption will only apply to the College processes and is not indicative of MBA or MCNZ requirements. This is in accordance with the English Language Skills Registration Standard of the Medical Board of Australia. The standard is available on the Medical Board of Australia website http://www.medicalboard.gov.au/Registration-Standards.aspx
### Checklist of the Documentation to be Submitted with This Application:

Please ensure that you have submitted all documentation relating to the items below and any additional information you feel may be relevant to your application.

All documentation must be forwarded with this application. Where documentation is in a language other than English a certified or validated English translation must be provided.

Please note that the recommendation will be made on the basis of documentation received. Once a final recommendation has been made there is no opportunity for this decision to be reconsidered based on additional information.

- Completed **application to be assessed for recognition as a specialist** in the specialty of:
  - [ ] Cardiothoracic Surgery
  - [ ] General Surgery
  - [ ] Neurosurgery
  - [ ] Paediatric Surgery
  - [ ] Plastic & Reconstructive Surgery
  - [ ] Orthopaedic Surgery
  - [ ] Otolaryngology Head & Neck Surgery
  - [ ] Urology
  - [ ] Vascular surgery

- Curriculum Vitae (in College specific format) including details of Continuing Professional Development (CPD) activities, list of research activities an publications. Note: Copies of publications are not required.


- Certificates of Fellowship of specialist medical bodies

- Certificate(s) of Good Standing and/or Certificate of Registration Status or equivalent – must cover the last two years of practice and be dated within six months of the application


- Copy of your AMC Primary Source Verification Application – applicants must apply to the AMC for EICS verification before applying to the College *(this form may be obtained from the AMC)*

- 1 passport-sized photo (attached to the front of this application form)

- Evidence of English Language Proficiency

- Full details of your training - including the basic sciences component, and your clinical surgical experience.

  **In relation to clinical surgical experience** – you are **required** to provide an up-to-date outline of each surgical attachment, i.e. details of the job description for each surgical post - including in-training supervision and details of the supervising surgeons; the nature of the service provided; specific responsibilities and evidence of in-training evaluations (if available). You should list total number of months spent in formal training in the relevant specialty. This total should not include rotations other than the specialty you are seeking assessment in.

- Certificates and details of specialist examination including:
Number and type of examination
Subject areas of each examination
Details of the syllabus and curriculum

Log book data as evidence of clinical experiences. The log book data should be provided in a summary format which outlines whether you were the primary surgeon or assistant surgeon. The summary log book needs to be dated, verified and signed by the Head of the Department or Hospital where the procedures took place.

Details of specialist practice (applicable only if you have been in consultant practice for greater than 12 months) – including the location, nature, scope and duration of specialist practice.

In relation to specialist practice – you must provide the College with a letter from the privileges/credentialing committee of the hospital in which you practised.

An audit for, at a minimum, the most recent year of specialist practice.

The College requires a minimum of three referee letters. The letters provided by the referees need to be original, dated, on letterhead, and bearing the referee’s signature and medical registration number.

Referees should be from within the same specialty and must include:
- a senior surgical colleague who has worked with the applicant within the last two years
- a surgical colleague who is located geographically in the same area as the applicant
- another surgical colleague who practices in the applicants’ specialty area

The referees should consider and comment on the following matters:

- the nature and duration of your professional relationship
- any aspect of your surgical practice that is considered relevant to the application
- your level in each area with that demonstrated by or required of the average competent practicing surgeon i.e.
  - Medical Expertise
  - Technical Expertise
  - Judgement – Clinical Decision Making
  - Health Advocacy
  - Communication
  - Collaboration
  - Management and Leadership
  - Scholar and Teacher
  - Professionalism and Ethics

Confirmation of identity
Certified copy of passport
One current (no older than 12 months) colour passport sized photograph with applicants name clearly printed on the back
Certified copy of evidence of change of name (if applicable)
Proof of completion of 12 months training as an intern. This may be in the form of letters from supervisors outlining duration, content and structure of training and whether it was completed satisfactorily in an accredited training position and/or log books

Additional documents required for applicant’s also applying for area of need assessment:
AON declaration (issued by the health department in the state or territory in which the position(s) is located)
Position description assessment form (in the College specific format)
Employer contact details
APPLICATION TO BE ASSESSED FOR RECOGNITION AS A SPECIALIST

Please ensure that all sections of this form are completed prior to lodgement with the College

APPLICATION/ASSESSMENT TYPE
Specialist Pathway □
Area of Need □

AREA OF SURGICAL PRACTICE FOR WHICH ASSESSMENT IS SOUGHT
Surgical specialty for which assessment is sought for practice in Australia

APPLICANT DETAILS
Family name (Surname)
Given names
Date of birth DD/MM/YYYY Male □ Female □
Country of birth
Address
State Postcode
Country
Home phone Work phone
Mobile Facsimile
Email address

EICS VERIFICATION
All applicants for the specialist college assessment pathway (for registration as a specialist) require primary source verification of their medical qualifications through the International Credentials Services of the Educational Commission for Foreign Medical Graduates (ECFMG) in the United States of America.

Applicants must apply to the AMC (www.amc.org.au) for EICS verification. The documents will be forwarded to the ECFMG for verification through the original issuing university or institution. When confirmation of verification is received by the AMC, the candidate will be informed.

Candidates who have previously obtained confirmed verification of their primary medical degree through the EICS will be required to provide the AMC with their EICS number and sign the Authorisation for Release of Information Form to enable the AMC to obtain a copy of the verification report from the EICS.

EICS Number USMLE Number
## PRIMARY MEDICAL QUALIFICATION

*If you have not already done so, you must submit an application to the Australian Medical Council for Primary Source Verification of this qualification.*

<table>
<thead>
<tr>
<th>Country of training</th>
<th>Year qualified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary qualification</td>
<td>Year awarded</td>
</tr>
<tr>
<td>Name on diploma</td>
<td></td>
</tr>
<tr>
<td>Medical school</td>
<td></td>
</tr>
<tr>
<td>Issuing university</td>
<td></td>
</tr>
</tbody>
</table>

## INTERN TRAINING QUALIFICATIONS

*If insufficient space, please provide information required in an attachment*

<table>
<thead>
<tr>
<th>Institution</th>
<th>From (date)</th>
<th>To (date) DD/MM/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotations covered</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## PRINCIPAL/HIGHEST SPECIALIST MEDICAL QUALIFICATION

*If you have not already done so, you must submit an application to the Australian Medical Council for Primary Source Verification of this qualification.*

<table>
<thead>
<tr>
<th>Specialist qualification</th>
<th>Year qualified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country of training</td>
<td>Year awarded</td>
</tr>
<tr>
<td>Institution awarding qualification (medical college)</td>
<td></td>
</tr>
<tr>
<td>Issuing university (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Field of specialty</td>
<td></td>
</tr>
<tr>
<td>Years of training</td>
<td>2</td>
</tr>
</tbody>
</table>

*Further details may be provided in the curriculum vitae*

## SPECIALIST EXAMINATIONS

<table>
<thead>
<tr>
<th>Institution</th>
<th>Date DD/MM/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speciality/subspecialty</td>
<td></td>
</tr>
<tr>
<td>Components of exam</td>
<td></td>
</tr>
</tbody>
</table>

## SECONDARY/SUPPORTING SPECIALIST MEDICAL QUALIFICATION

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Year qualified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country of training</td>
<td>Year awarded</td>
</tr>
<tr>
<td>Institution awarding qualification (medical college)</td>
<td></td>
</tr>
</tbody>
</table>

| Institution awarding qualification (medical college) | |
|-----------------------------------------------------|
Issuing university

ADDITIONAL QUALIFICATION

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Year qualified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country of training</td>
<td>Year awarded</td>
</tr>
</tbody>
</table>

Institution awarding qualification

Issuing university

NAME CHANGE/VARIATION

Is the name shown above the same as that shown on all the attached documents?

☐ Yes ☐ No

* If NO, you are required to attach certified documentary evidence of your change of name. If submitting a statutory declaration, ensure that all variations are explained and state which name you wish to be known for specialist assessment purposes.

EVIDENCE OF IDENTITY

All applicants applying for specialist assessment must provide proof of their identity. Applicants will need to provide proof of personal identity by way of submission of certified copy of passport.

PRIVACY

Your privacy is respected by the College. Information collected by the College may be used for administering the assessment of overseas trained specialists and provided to officers of the College involved in specialist assessment, the respective employer, supervisors, the Australian Medical Council and the Medical Board of Australia.

If you have any privacy concerns or would like to verify information held about you, please contact the College

RESTRICTIONS ON PRACTICE

Are you subject to any restrictions or limitation under any mental health law or regulation?

☐ Yes ☐ No

If ‘YES’, please supply details

Have you been charged or convicted of a criminal offence?

☐ Yes ☐ No

If ‘YES’, please supply details

PREVIOUS ASSESSMENTS

Have you been assessed before by the Royal Australasian College of Surgeons?

☐ Yes ☐ No

If ‘YES’, what was the recommended pathway to fellowship?

☐ Not comparable, pathway to fellowship by completion of the SET program;
☐ Partially comparable, pathway to fellowship by examination; or
☐ Substantially comparable, pathway to fellowship by assessment

If “Not comparable” please provide details of further formal training completed since your last RACS Specialist Assessment
Consent to collect information

Signature ___________________________ Date ___________________________
DECLARATION BY APPLICANT

Please print clearly in sections below and complete all fields

I, ___________________________ (Name)
of ___________________________ (Address)
(Occupation)

DO SOLEMNLY AND SINCERELY DECLARE THAT:

• I am the person identified in the Application to be Assessed for Recognition as a Specialist.
• I am the person who has signed below.
• I have familiarised myself with the requirements, procedures and policies as set out in relevant MBA and College publications.
• The statements made, and the information provided, in this application form and in the certified documents attached are true and complete.
• By signing this application form I acknowledge that I have provided all documentation and that I understand that the final recommendation will be made on the basis of documentation received and/or interview. I accept that once the final recommendation has been made there is no opportunity for this decision to be reconsidered based on additional information that I may want to supply.

Signature of person making the Declaration: ___________________________

Declared at ___________________________ on the ___________ day of ___________________________ (month & year)
Name of city, town, suburb or locality

Before me*
Signature of person before whom the Declaration is made ___________________________

Please print name of witness in BLOCK LETTERS ___________________________
Insert official title** of witness ___________________________
Insert address of witness ___________________________
Contact number of witness ___________________________

* The person witnessing this Declaration must be the same person who certifies the documents of the applicant.
** The title of the witness must be written (e.g. Notary Public, Justice of the Peace).
SEND YOUR COMPLETED APPLICATION FORM, CERTIFIED DOCUMENTS AND PAYMENT TO THE COLLEGE

Department of International Medical Graduates
Royal Australasian College of Surgeons
College of Surgeons Gardens
250-290 Spring Street
East Melbourne 3002
Australia
AUTHORITY TO RECEIVE INFORMATION ABOUT AN APPLICANT FOR SPECIALIST RECOGNITION

Under the Privacy Act 1988 (Cth), the College is generally not permitted to disclose personal information about an College candidate/applicant to a third party (e.g. a relative, friend or agent) without the consent of the candidate/applicant. A candidate/applicant may authorise a third party (agent) to communicate and/or act on their behalf by completing the following details.

Candidate/Applicant authorisation (Please print clearly)

I, (full name) 
Date of birth: DD/MM/YYYY
Address: 

authorise my agent to (Please tick appropriate box/es):

☐ Communicate with the College by telephone, fax, email or written correspondence on my behalf regarding the processing and progress of my application.

☐ Communicate with the College on my behalf regarding the results of relevant assessments.

☐ Undertake any other action reasonably necessary for the processing of my application on my behalf, except withdrawal forms/letters (they must be completed by the candidate/applicant).

Candidate/Applicant’s signature 
Date DD/MM/YYYY

Agent’s consent (Please print clearly)

I, (full name) 

consent to act as agent of (candidate/applicant’s name) as authorised above.

My contact details are:
Company: 
Address: 
Business phone: 
Mobile phone: 
Email address: 

Your privacy is respected by the College. Information collected by the College may be used for administering the assessment of overseas trained specialists and provided to officers of the College involved in specialist assessment, the respective employer, supervisors, the Australian Medical Council and the Medical Board of Australia.
EMPLOYER CONTACT DETAILS FOR AREA OF NEED APPLICATIONS

Name of employer: 

Employer’s address: 

Name of contact person: 

Position of contact person: 

Telephone: 

Email: 

* Please note the employer contact details above are to be completed by the AON employer only. Recruitment agents are to complete an Authority to Receive Information Concerning an Applicant for Specialist Assessment.