



DECLARATION FORM

I declare that:-

- After an approved course of study, I have been awarded a primary degree in medicine and surgery by a medical school listed in the current International Medical Education Directory (IMED) (online resource only) of the Foundation for Advancement of International Medical Education and Research; and
- I have met the English Language Proficiency requirements as outlined in the policy which appears on the Medical Board of Queensland's website; and
- I have
 - passed the Multiple Choice Question Examination of the Australian Medical Council; **or**
 - been awarded a Certificate of Advanced Standing by the Australian Medical Council; and
- I understand that a PESCI Outcome Report will be developed by ACRRM for use by the Medical Board of Queensland and that the interview report will be only one of a range of factors taken into consideration by the Board when making a determination in respect to my application for special purpose registration to practice in the proposed position.

Signed: _____ Date: _____