

Specialist Pathway Application

Purpose

This form is for specialist international medical graduates to apply for assessment of comparability to an Australian trained Fellow of the Australian College of Rural and Remote Medicine.

Completing your application

It is important that you read the [Specialist Pathway Guide](#) before starting your application. This application must be typed. Handwritten applications will not be accepted. All supporting documents must be scanned and clearly named.

To submit the application [create an account](#) with the College and upload to 'My Documents' section of 'My College' dashboard, accessible from the [College website](#). Once the application is uploaded, email img@acrrm.org.au to notify staff.

Application type

Specialist Pathway

Area of Need

Combined

Applicant details

Family name (surname)	
Given name/s	
Address	
State	
Postcode / Zip code	
Country	
Phone number	
Email address	

Name change / variation

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

Yes

No

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

Primary source verification

EPICS number	
USMLE number	
AMC candidate number	

Specialist registration

Do you hold specialist registration?

Yes No

If Yes, provide a copy of your certificate and if the medical register is public, provide a web link below.

Restrictions on medical practice

Are you subject to any restrictions or limitations on your medical practice under any law or regulation?

Yes No

If Yes, please supply details

Have you been charged or convicted of a criminal offense (other than minor traffic or other trivial offenses)?

Yes No

If Yes, please supply details

Rural experience

Detail your rural experience, where you have provided clinical care away from ready access to specialist medical, diagnostic and allied health services. A minimum of three years is required since achieving your specialist qualification. Provide supporting information eg letter/s from employer/s and/or colleague/s or employment record/s.

Year employment commenced	Length of employment (in months)	Hours per week	Location	Name and type of health service (eg general practice, hospital)

Rural Generalist competencies

Comparability is assessed against the domains and competencies of a Rural Generalist Medical Practitioner. Refer to the [Rural Generalist Curriculum](#) for further information on these criteria.

In no more than 200 words per criterion describe how you meet each of the following Domains. You may reference the relevant sections of your CV for further detail.

Domain 1 | Provide expert medical care in all rural contexts

Domain 2 | Provide primary care

Domain 3 | Provide secondary medical care



Domain 4 | Respond to medical emergencies

Domain 5 | Apply a population health approach

Domain 6 | Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing



Domain 7 | Practise medicine within an ethical, intellectual and professional framework

Domain 8 | Provide safe medical care while working in geographic and professional isolation

A Rural Generalist is required to identify and acquire extended knowledge and skills as may be required to meet the healthcare needs of the local population (Competency 8.7).

Have you extended your knowledge and skills in any of the following areas?

Indigenous Health	Academic Practice	Adult Internal Medicine
Anaesthetics	Emergency Medicine	Mental Health
Obstetrics & Gynaecology	Paediatrics	Palliative Care
Population Health	Remote Medicine	Surgery
Other (please specify)		



If you have extended your knowledge and skills, provide further information by answering the questions relating to extended practice below.

Detail how you have used your area of extended knowledge and skills in the communities where you have lived and worked.

Detail any training or qualifications relevant to this area of extended practice and provide a copy of the qualification/s.

Detail any Clinical Privileges relevant to this area of extended practice and provide a copy of the Clinical Privileges letter/s?

Detail any projects or papers presented relevant to this area of extended practice and provide a copy of the project/s and/or presentation/s.

Detail any community development or similar groups that you have been a part of, in relation to your area of extended practice.

Supporting documentation

Mark below, documentation included with the application. Documentation in the mandatory section is required with all applications.

Mandatory	
	Proof of identity meeting AHPRA requirements
	Curriculum vitae meeting AHPRA requirements or using College CV proforma
	Specialist training completion of training report, course certificates, exam results, workplace-based assessments, supervisor reports, logbooks, research papers, as relevant to your training program
	Rural experience letter/s from employer/s and/or colleague/s or employment record/s demonstrating three or more years rural experience since specialist registration
	Continuing professional development program compliance certificate for program and/or summary of activities, do not provide certificates for individual events
	Offer of employment letter (must be provided before commencing on the pathway)
	Application for Placement and Supervisor Approval/Accreditation form (must be provided before commencing on the pathway)
If applicable	
	English language proficiency evidence (see AHPRA requirements)
	Name change evidence
	Specialist registration certificate
	Area of Need certificate
	Emergency courses certificates within last 5 years
	Procedural practice current credentialing or clinical privileging
	Other qualifications certificates

List any additional supporting documents below.

Declarations

Privacy notice

I understand the Australian College of Rural and Remote Medicine ("the College") collects, stores and discloses my personal information for the purposes of providing training programs, for research or statistical purposes and to promote services which the College considers may be of interest to me. This information may be collected directly from me in my dealings with the College. To fulfil the purposes set out above, my personal information may also be collected from or passed onto external bodies which usually includes medical colleges, government organisations and associated training providers, or as otherwise permitted or required by law.

Further information about the collection of personal information is available in the [College's Privacy Policy](#). The Privacy Policy contains information about how you may access and seek correction of your personal information and how you can complain about a breach of the Australian Privacy Principles.

I agree to these terms and conditions and have read the Privacy Policy.

If you wish ACRRM to liaise with a third party regarding your application, please complete the Third Party Authority section below.

Declaration by applicant

Full name	
Date	

I hereby solemnly declare that:

I am the person identified in this application

I am the person who has signed below

I have familiarised myself with the requirements, procedures and policies as set out in relevant Medical Board Australia and ACRRM publications

The statements made, and the information provided in this application form and in the supporting documents are true and accurate

Signature of person making the declaration

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Third Party Authority

Under the Privacy Act 1988 (Cth), ACRRM is not permitted to disclose personal information about an applicant to a third party (eg a relative, friend or agent) without the consent of the applicant. See the [College's Privacy Policy](#).

An applicant may authorise a third party (agent) to communicate and/or act on their behalf by completing the following details.

Applicant authorisation

Full name	
Date of birth	
Contact number	
Email address	

I authorise my agent

Full name	
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to

Communicate with ACRRM verbally and in writing on my behalf regarding the processing and progress of my application.

Communicate with ACRRM 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 which must be completed by the applicant.

Applicant signature	
Date	

Agent consent

Full name	
Company name	
Address	
State	
Postcode / Zip code	
Country	
Contact number	
Email address	

I consent to act as an agent of the applicant listed above.

Agents signature	
Date	