



REQUEST FOR ASSESSMENT - COMPETENT AUTHORITY PATHWAY

**Form
CA 5**

Registration Number: MPO _____

I, Dr _____
(Given names) (Surname)

Of _____
(Registered address, as recorded on the public register)

have undertaken workplace based assessment for the purposes of application to the AMC under the Competent Authority Pathway.

Approved practice location: _____

Supervisor's name: _____ Position: _____

I have attached:

- the completed supervision report, and request that the Board provide a letter of endorsement to be forwarded to the AMC.
- a current detailed work history CV.

Signature: _____ Date: _____

Phone Number * (Business hours): _____

Email address *: _____

(* For enquiries in relation to this application only. Will not be available on the public register)

Note: The final decision to grant General Registration rests with the NSW Medical Board.