



**SECTION C. DETAILS OF PROPOSED EMPLOYMENT**

Position Title:

\_\_\_\_\_

**For specialist position ONLY:**

Approving Specialist College (1):

\_\_\_\_\_

Field of Specialty:

\_\_\_\_\_

Approving Specialist College (2):

\_\_\_\_\_

Field of Specialty:

\_\_\_\_\_

**Main Location:**

\_\_\_\_\_

**Other Location(s):**

Other (1):

Other (2):

\_\_\_\_\_

Other (3):

Other (4):

\_\_\_\_\_

Other (5):

Other (6):

\_\_\_\_\_

Other (7):

Other (8):

\_\_\_\_\_

Other (9):

Other (10):

\_\_\_\_\_

Other (11):

Other (12):

\_\_\_\_\_

Other (13):

Other (14):

\_\_\_\_\_

**SECTION D. SUPERVISION**

**I/We declare that I have read and complied with the Supervision Guidelines**

**Principal Supervisor:**

Name

\_\_\_\_\_

MPO

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Position

\_\_\_\_\_

Signature

\_\_\_\_\_

**Other Supervisors:**

**(1)** Name

\_\_\_\_\_

MPO

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Position

\_\_\_\_\_

Signature

\_\_\_\_\_

**(2)** Name

\_\_\_\_\_

MPO

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Position

\_\_\_\_\_

Signature

\_\_\_\_\_

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## REGISTRATION REQUIREMENTS

### NEW REGISTRATION

#### Stage 1 - Employer Application

Stage 1. is to be completed by the employer by submission of the following documents to the Medical Board. The employer will be advised when Stage 1. is complete and that the application can proceed to Stage 2.

#### COMMON REQUIREMENTS FOR INTERNATIONAL MEDICAL GRADUATES IN ALL PATHWAYS:

- Completed Employer Application form (Form IMG 1)
- Position Description (refer to online Forms and Templates)
- Curriculum Vitae with detailed work history
- Original certified copy of practitioner's medical degree which must be accompanied by a certified official translation unless it is in English
- Original certified copy of practitioner's Certificate of Registration from authority where the practitioner was last registered
- Original certified copy of evidence of satisfying the National English Language Proficiency Policy (See the Publications and Policies, English Language Proficiency)
- Primary Source Verification - evidence of your unique EICS number sourced from the Australian Medical Council
- If the practitioner is moving from one position to another in NSW a Supervision Report from the former position is required

In addition, the practitioner will be required to request Certificates of Good Standing / Certificates of Registration Status from all jurisdictions where he/she has practised or held registration in the last 5 years to comply with Stage 2 of registration. These are to be sent directly to the NSW Medical Board from the issuing authority. Certificates must be dated no older than **3 months** from when the practitioner attends the Board.

Employers must ensure that Practitioners hold appropriate Professional Indemnity Insurance (PII), or fit within an exempt category at the time of registration, and practitioners are required by legislation to provide evidence of PII or exemption to the Medical Board at the time of renewal of registration. Practising without PII or an exemption constitutes unsatisfactory professional conduct.

#### SPECIFIC REQUIREMENTS

##### Competent Authority Pathway

- Original certified copy of Advanced Standing Certificate from the AMC
- Pre-Employment Structured Clinical Interview (PESCI Application Form) (if applicable)

*If applying for an Area of Need position, see additional requirements under Area of Need below*

##### Standard Pathway

- Original certified copy of letter from the Australian Medical Council confirming satisfactory completion of MCQ exam
- Pre-Employment Structured Clinical Interview (PESCI Application Form) (if applicable)

*If applying for an Area of Need position, see additional requirements under Area of Need below*

##### Specialist Pathway

- Original certified copy of outcome of the College Assessment (Form IMG8)
- Applicant's Statement of Intent

##### Specialist Further Training

- Original certified copy of AMC Specialist Assessment
- College letter stating approval of position applied for

## NEW REGISTRATION

### SPECIFIC REQUIREMENTS

#### Area of Need

- Current Area of Need Certificate issued by the NSW Department of Health
- Pre-Employment Structured Clinical Interview (PESCI Application Form)
- Completed Supervisor's Statements
- Two employment references

#### For Area of Need Specialists only:

- Assessment Report from the Australian Medical Council
- Assessment Report from the relevant Australian Specialist College

#### Academic Appointment

- Original certified copy of letter of support from the Dean of the medical faculty of the relevant university
- Original certified copy of letter of support from the relevant Australian Specialist College if involved in clinical practice

## EXTENSION OF REGISTRATION

An extension of registration occurs when the practitioner remains in the same position and the same location. If there is a significant change from the initial approved position a completely new application must be submitted.

### Stage 1 - Employer Application

To be submitted by the initial approved hospital as a request for an extension of time in the same position at the same location. If there is a significant change from the initial approved position a completely new application must be submitted. Applications must be completed by the employer by submission of the following documents:

- Employer Application form (Form IMG1)
- Supervision Report (to cover the last 12 months)
- Goals and objectives for gaining permanent registration if the practitioner has held temporary registration for four years or more
- Completed payment form (Form PAY1)
- Effective from 1 October 2008, evidence of Professional Indemnity Insurance

#### For Area of Need applications only

- Current Area of Need Certificate issued by the NSW Department of Health

**Note:** Extension applications are only required in circumstances where the practitioner has not yet achieved General Registration, but remains suitable for employment in the approved position.

## **MOVE APPLICATIONS**

A move application is required when there is a change of main location / employer, a significant change to the field of practice, or a significant change to the position. A start date in the new location will be required.

### **Stage 1 - Employer Application**

Stage 1 is to be completed by the employer by submission of the following documents to the Medical Board. The employer will be advised when Stage 1. is complete and that the application can proceed to Stage 2.

#### **Competent Authority Pathway**

- Employer Application form (Form IMG1)
- Position Description
- Supervision Report
- Advanced Standing Certificate
- Curriculum Vitae
- Completed payment form (Form PAY1)
- Effective from 1 October 2008, evidence of Professional Indemnity Insurance

#### **Standard Pathway**

- Employer Application form (Form IMG1)
- Position Description
- Supervision Report
- Letter from the Australian Medical Council confirming satisfactory completion of MCQ exam.
- Curriculum Vitae
- Completed payment form (Form PAY1)
- Effective from 1 October 2008, evidence of Professional Indemnity Insurance

#### **Specialist Pathway**

- Employer Application form (Form IMG1)
- Position Description
- Supervision Report
- Original certified copy of outcome of the College Assessment (Form IMG8)
- Applicant's Statement of Intent
- Curriculum Vitae
- Completed payment form (Form PAY1)
- Effective from 1 October 2008, evidence of Professional Indemnity Insurance