



# Emergency Medicine Specialist Assessment

In order to apply for emergency medicine specialist assessment or Area of Need (AoN) Position assessment, a Specialist International Medical Graduate (SIMG) is required to have satisfactorily completed postgraduate specialist emergency medicine training and examinations and hold a current emergency medicine specialist qualification that permits employment as an emergency medicine specialist in the country of training.

**A SIMG seeking recognition as an emergency medicine specialist or assessment of suitability for an Area of Need position in Australia must provide proof of application for Primary Source Verification of their primary medical and specialist training qualification by the Australian Medical Council (AMC).<sup>1</sup>**

## Application Checklist

The following documents are to be submitted together with the completed application form that follows. Please ensure all required documentation is provided. An additional fee will be charged for incomplete applications.

An application for assessment will lapse if payment or any required documentation or other information remain outstanding after six months from the date of receipt of the application for assessment, with a new application required and associated fee payable.

Certified<sup>2</sup> proof of identity, as required by the [AMC](#). If the name provided on the application form differs from that on any of the provided documentation, please provide certified copies of evidence of name change(s)

Curriculum Vitae in the College specific format; signed and dated; only typed text will be accepted

Copies of primary medical qualification(s) and specialist emergency medicine training qualification(s)

Certified copies of current Fellowship membership certificate(s) from specialist medical organisation(s)/institution(s)

Certified copies of certificates of completion of internship, residency and/or other specialist training programs from emergency medicine specialist training institution(s)/medical organisation(s)

Details of emergency medicine specialist employment including level of appointment, clinical responsibility, specific hospital description: size, location, case-mix

Completed research items: conference presentations; published articles; Masters or PhD thesis; academic university course work

Evidence of participation in an emergency medicine continuing professional development (CPD) program

Specialist registration—to be received directly from the registration authority responsible for the applicant's most recent two-year period of emergency medicine practice, or be a certified copy dated within six months of the application

Certificate(s) of good standing—to be received directly from the registration authority responsible for the applicant's most recent two-year period of emergency medicine practice and be dated within six months of the application

Evidence of recent satisfactory completion of an English language proficiency examination<sup>3</sup>

Name, position and contact details of three specialist medical referees who have worked with the applicant within the past two years

For specialists from countries other than the UK, USA, Canada or Ireland: the curriculum details and complete transcript(s) of the emergency medicine specialist training program(s), which should include:

Specialist training program structure:

- Duration, examinations, procedural details/transcripts, logbooks
- Associated supervisors' reports (if applicable)
- Completed research (if applicable)

Certificates and details of completed specialist examinations

- Number and type of examination (written, oral, clinical, other)
- Subject areas of each examination

## Additional Documents for Area of Need Position

The following documents are to be submitted for an Area of Need (AoN) Position Assessment:

AoN declaration—issued by the State/Territory Health Department where the AoN position is based

Position description

AoN position employment letter of offer or contract

Employer contact details (see AoN section of application)

### <sup>1</sup>Primary Source Verification

All applicants applying to the College for specialist recognition and/or Area of Need employment in Australia are required to have applied for [Primary Source Verification](#) (PSV) of their primary medical and specialist training qualifications by the AMC, prior to submitting their application to the College. Please ensure the Electronic Portfolio of International Credentials (EPIC) number you have received from the AMC on application for PSV is provided in the application form where requested.

### <sup>2</sup>Statutory Declarations for Certification Purposes

For the certification purposes, please refer to the list of persons authorised to certify documents detailed by the [Medical Board of Australia](#).

It is important that the witness states 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, the document must be notary bound (stapled copies will not be accepted).

### <sup>3</sup>Evidence of English Language Proficiency

The College accepts English language proficiency results from International English Language Testing System (IELTS), Occupational English Test (OET), Professional and Linguistic Assessment Board (PLAB), at a standard that is currently acceptable by the MBA. The English Language Skills Registration Standard is available on the [MBA website](#). The results must be from the last two years immediately prior to your application. If your secondary schooling and specialist training was taught and assessed in English you may be eligible for an exemption from this requirement. Please provide appropriate evidence of this to the College for assessment. While the College bases its exemption criteria on that of the MBA, please be aware that a College-granted exemption will only apply to the College processes and is not indicative of MBA requirements.

## College Contact Details

Please send your completed application form, certified documentation and payment to the College SIMG Unit:

**SIMG Unit**  
**Australasian College for Emergency Medicine**  
**34 Jeffcott Street**  
**West Melbourne VIC 3003**  
**Australia**



# Emergency Medicine Specialist Assessment

## Section 1: Application Type

This application is for the following specialist pathway (please select):

Specialist Pathway—Specialist Recognition

Specialist Pathway—Area of Need position

## Section 2: Applicant Details

Family Name	Gender	Male	Female
Given Name(s)			
Date of Birth	Country of Birth		
Address			
State	Postcode		
Home Phone	Mobile		
Email			
EPIC Number	AMC Number		

## Section 3: Qualifications

### Primary Medical Qualification

Qualification					
Country of Training					
Awarding Institute					
Duration of Training	2 years	3 years	4 years	5 years	6+ years

### Provisional/Intern Training Qualifications

(If insufficient space, please provide required information as a separate attachment)

Awarding Institute

Dates of Training to

Rotations Covered

### Specialist Emergency Medicine Training Qualification

Qualification

Country of Training

Awarding Institute

Date/Year Awarded

Duration of Training                      2 years                      3 years                      4 years                      5 years                      6+ years

### Specialist Emergency Medicine Examinations

(If insufficient space, please provide required information as a separate attachment)

Awarding Institute

Dates    to

Specialty/Sub-specialty

Examination Components

### Additional Specialist Qualification

Qualification

Country of Training

Awarding Institute

Date/Year Awarded

Duration of Training                      2 years                      3 years                      4 years                      5 years                      6+ years

### Fellowship/Membership Status of Specialist Medical Institution

Fellowship/Membership

Country of Membership

Awarding Institute

Dates    to

### Additional Qualification(s)

Qualification

Country of Training

Awarding Institute

Date/Year Awarded

Duration of Training                      2 years                      3 years                      4 years                      5 years                      6+ years

### Restrictions on Practice

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

No                      Yes                      If Yes, please provide details:

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

No                      Yes                      If Yes, please provide details:

## Section 4: Area of Need Position

This section is required for applicants seeking assessment of suitability for an Area of Need designated position.

### AoN Position Details

Primary Position Title

Location/Hospital

Location Address

State

Postcode

### AoN Secondary Position(s) Details

Location/Hospital

Location/Hospital

Location/Hospital

### AoN Employer Contact Details

Employer Details

Employer Address

State

Postcode

Contact Person

Contact Phone

Contact Email

## Section 5: Authority to Disclose Information (Privacy)

Your privacy is respected by the College. Information collected by the College may be used for administering the assessment of Specialist International Medical Graduates and provided to the officers of the College involved in the specialist assessment process, the respective employer, supervisors, the AMC and the MBA. For further details, please refer to our Privacy Policy. If you have any privacy concerns or would like to verify information held about you, please contact the College.

If you wish to allow the College to liaise with a third party regarding your application, please indicate your consent by providing the following information:

I authorise my nominated agent to communicate with the College on my behalf regarding the progress of my application(s) including receipt of application, additional information required to proceed with the application and outcome of assessment(s).

Nominated agent (Name):

Company Address:

Contact Number:

I authorise my nominated agent to undertake any action reasonably necessary for the processing of my application(s) on my behalf, except withdrawal (which must be completed by the applicant).

Nominated agent (Name):

Company Address:

Contact Number:

I authorise any third party to request information in regards to the status of my application.

By completing this section, including your signature and date, you consent to provide information to a third party as indicated above.

Signature of Applicant

Date

## Section 6: Declaration Statement

I, \_\_\_\_\_ do solemnly and sincerely declare that:

- I am the person identified in the *Emergency Medicine Specialist Assessment Application*
- 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, including College Regulations and Guidelines
- The statements made, and the information provided, in this application form and in the certified documents attached are true and complete.

### Witness Details

Full name of Witness

Address of Witness

Signature of Witness

Date

Signature of Applicant

Date