Australasian College for Emergency Medicine

Application for Emergency Medicine Specialist Assessment

Specialist International Medical Graduate

This form is to be completed by a Specialist International Medical Graduate (SIMG) seeking recognition as an emergency medicine specialist in Australia, or assessment of suitability for an Area of Need (AoN) position in Australia.

The SIMG must have satisfactorily completed postgraduate specialist emergency medicine training and examinations and hold a current qualification that permits employment as an emergency medicine specialist in the country of training.

Certification and verification of documents

Primary Source Verification

Before submitting this application, you must apply for Primary Source Verification (PSV) by the AMC of your primary medical and specialist training qualifications. The AMC will provide you with an Electronic Portfolio of International Credentials (EPIC) number. You must include the EPIC number in this application below.

Statutory Declarations for Certification Purposes

Please refer to the Australian Health Practitioner Regulation Agency (AHPRA) for a list of persons authorised to verify documents. 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:

This is to certify that this is a true copy of the original, which I have sighted.

Date: .....

SAMPLE

Name: .....

Signed: .....

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).

Application for Emergency Medicine Specialist Assessment

Specialist International Medical Graduate

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.

- [ ] **Proof of application to the Australian Medical Council (AMC) for Primary Source Verification (PSV) of primary medical and specialist training qualifications. You must apply for PSV prior to submitting this application.**
- [ ] Certified 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, using the College form; 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, including details of the CPD program in which you are currently enrolled and your annual CPD requirements.
- [ ] Specialist registration—to be received directly from the registration authority responsible for your 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 your 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 (see below).
- [ ] Name, position and contact details of three specialist medical referees who have worked with you within the past two years

The curriculum details and complete transcript(s) of the emergency medicine specialist training program(s), including:

- [ ] 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

Application for Emergency Medicine Specialist Assessment

Specialist International Medical Graduate

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. Assessment will then require a new application and associated fee.

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)

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.

Application submission

To apply for Specialist International Medical Graduate (SIMG) Assessment, you must submit your application electronically. Hard copy applications cannot be accepted.

Your completed Application Form must be emailed to the College at simg@acem.org.au.

All supporting documentation may then be submitted by uploading your documents to a secure folder. A link to the secure folder will be emailed to you after your application has been received. Please allow 1 to 2 working days for this.

Application for Emergency Medicine Specialist Assessment

Specialist International Medical Graduate

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 _____

AHPRA Registration Number (if applicable) _____

Section 3: Qualifications

Primary Medical Qualification

Qualification _____

Country of Training _____

Training start and end date _____

Awarding Institute _____

Date/Year Awarded _____

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 _____

Application for Emergency Medicine Specialist Assessment

Specialist International Medical Graduate

Specialist Emergency Medicine Training Qualification

Qualification

Country of Training

Training start and end date

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

Application for Emergency Medicine Specialist Assessment

Specialist International Medical Graduate

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

Application for Emergency Medicine Specialist Assessment

Specialist International Medical Graduate

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

Application for Emergency Medicine Specialist Assessment

Specialist International Medical Graduate

Section 6: Declaration

I, _____ declare that:

- I am the person identified in the *Application for Emergency Medicine Specialist Assessment*
- 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 _____