



Addiction checklist & sign off

To be submitted by trainees and Fellows completing the Certificate of Advanced Training in Addiction Psychiatry.

Please submit this form to the College's training team. **Email:** training@ranzcp.org; **fax:** +61 3 9642 5652; **post:** RANZCP, Training, 309 La Trobe Street, Melbourne VIC 3000, Australia.

Please fill in the completion dates of the training requirements below; Director of Advanced Training must confirm completion.

Trainee name		RANZCP ID	
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<i>Satisfactorily completed Certificate of Advanced Training in Addiction psychiatry training requirements</i>			<i>Completion date</i>
24 months FTE training in accredited addiction psychiatry training post, including the following experiences: <ul style="list-style-type: none"> <input type="checkbox"/> general hospital drug and alcohol liaison (6 months) <input type="checkbox"/> substance use disorders – specialist treatment setting (12 months) <input type="checkbox"/> pharmacotherapy for opiate dependence (12 months) <input type="checkbox"/> co-existing substance use and other psychiatry disorders (comorbidity) <input type="checkbox"/> pain unit (6 months) <input type="checkbox"/> gambling, internet gaming and other behavioural addictions 			
Written learning plan agreed with, and submitted to, the DOAT prior to the commencement of training and at the beginning of year 2.		Year 1	
		Year 2	
Eight Stage 3 addiction psychiatry EPAs	Six mandatory EPAs	ST3-ADD-FELL-EPA1	
		ST3-ADD-FELL-EPA2	
		ST3-ADD-FELL-EPA3	
		ST3-ADD-FELL-EPA4	
		ST3-ADD-AOP-EPA5	
		ST3-ADD-AOP-EPA6	
	Two additional EPAs		
Formal addiction psychiatry teaching program			
Written case history (3000–5000 words)			
Minimum of one OCA with patients with addiction per 6 month-FTE rotation	Year 1	OCA in rotation 1	
		OCA in rotation 2	
	Year 2	OCA in rotation 3	
		OCA in rotation 4	

Satisfactorily completed Certificate of Advanced Training in Addiction psychiatry training requirements		Completion date	
60 case summaries	6 benzodiazepines/sedatives/hypnotics 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>		
	6 psychostimulant 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>		
	6 tobacco 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>		
	6 cannabis 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>		
	6 other substances 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>		
	6 substance-induced psychiatric disorders 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>		
	6 substance use in pregnancy 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>		
	6 pain disorders 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>		
	6 gambling disorders or other behavioural addictions 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>		
	6 special patient populations 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>		
Formative & summative forms	Rotation 1	Mid-rotation ITA form	
		End-of-rotation ITA form	
	Rotation 2	Mid-rotation ITA form	
		End-of-rotation ITA form	
	Rotation 3	Mid-rotation ITA form	
		End-of-rotation ITA form	
	Rotation 4	Mid-rotation ITA form	
		End-of-rotation ITA form	
Final qualitative report			

TRAINEE DECLARATION

I confirm that I have completed 24 months FTE of addiction psychiatry certificate training and all the requirements as listed above.

Trainee signature		Date	
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DIRECTOR OF ADVANCED TRAINING DECLARATION

Dr has satisfactorily completed 24 months FTE of addiction psychiatry certificate training and all the requirements as listed above. I recommend award of the Certificate of Advanced Training in Addiction Psychiatry.

DOAT name		RANZCP ID	
DOAT signature		Date	

The College training team will audit the trainee’s training record to ensure all documents have been submitted and recorded accurately. This form will then be forwarded to the Chair of the Subcommittee for Advanced Training in Addiction Psychiatry (SATADD) to confirm the award of the Certificate

<i>Office use only</i>	
Date checklist & sign off received	Zone
SATADD CHAIR DECLARATION	
I concur that Drhas satisfactorily completed 24 months FTE of addiction psychiatry certificate training and all the requirements and is eligible to be awarded the Certificate of Advanced Training in Addiction Psychiatry.	
SATADD Chair name	
SATADD Chair signature	Date