

EVIDENCE

Please attach additional copies of this page with other training post details as necessary. Supportive documents **must** be attached. For more information, refer to the Recognition of Prior Learning Policy and Procedure.

Training post Supporting documents (attachment no. / page no.)

Hospital or health service

Training program

Position held

From To FTE (e.g. 0.5, 1.0)

Supervisor(s)

Hours per week supervision

Area of practice

If training completed in Australia or New Zealand (*please select applicable*)

I was awaiting MBA/AMC/MCNZ registration requirements during this period

AMC/NZREX Exam pass date Date general registration received

I was undertaking training towards another specialist training program (e.g. general practice)

other reason for delayed enrolment in the Fellowship program

Comments

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