



Recognition of prior learning form

To be completed by trainees applying for recognition of prior learning (RPL) under the Fellowship Regulations 2012 and those trainees or Fellows-in-training applying for RPL in a Certificate of Advanced Training.

Please submit this form to your Branch Training Committee (BTC) or delegated committee. See www.ranzcp.org/Pre-Fellowship/Training-contacts for the contact details of your local BTC.

RPL applications must be submitted to the relevant BTC or delegated committee no more than 6 months after commencing training. For more information, refer to the [Recognition of Prior Learning Policy and Procedure](#).

RANZCP ID
 Trainee name
 Mobile phone
 Email address

APPLICATION CATEGORY

Please select applicable

- RPL after enrolment in the Fellowship Program
- RPL after enrolment in a Certificate of Advanced Training (*specify Certificate*)
- RPL for overseas training during a break in training* (*please select an option below*):
 - prospective application prior to departure (application 1)
 - upon completion of overseas training (application 2)

*Trainees must submit a prospective application prior to departure (application 1) for overseas training and submit a subsequent application for RPL upon return (application 2).

INSTRUCTIONS AND CHECKLIST

- In order to assist the efficient processing of your application, supporting documents must be clearly labelled and compiled in order as per this form.
- The College will contact you for RPL application fee payment once your paperwork is received from the BTC. (Note, the RPL application fee does not apply to prospective applications for overseas training.)
- RPL can only be considered and granted once a signed Training Agreement has been received and all fees have been paid.

I have attached the following documentation:

- a cover letter summarising my application and describing how I have achieved the equivalent time, learning outcomes, competencies (e.g. EPAs) or any centrally administered summative assessment requirements of the RANZCP Fellowship Program
- a letter from my Director of Training regarding my application
- if relevant, all certificates of completion or transcripts showing the dates of each training component and the supervisor verification of each experience
- if relevant, hours of supervision during any accredited time supported by supervisor(s) letters
- if relevant, verification of participation in the locally approved formal education program
- if relevant, verification of employment during the training time requested

- If relevant, completed page 2 of the [Scholarly Project application for exemption](#) along with a copy of the abstract of my doctoral thesis, research Masters or Honours thesis in a field relevant to psychiatry or mental health or published article relevant to psychiatry or mental health
- if relevant, evidence supporting the reason for any delayed enrolment in the RANZCP Fellowship Program while training in Australia or New Zealand.

For prospective and retrospective application for overseas training

I have attached the following documentation:

- a letter from the relevant college of psychiatrists or comparable organisation confirming that the training post is approved as part of their overall training program
- a letter from the relevant employing authority certifying that the position has been offered
- full details of the intended length of stay, institution and type of training
- supporting letters from overseas supervisors regarding supervision requirements.

TRAINING TIME AND/OR COMPETENCY REQUIREMENTS

Please indicate which of the below requirements, or their substantial equivalent, have been met and attach supporting documents.

| Stage 1 Area of practice | FTE months | Supporting documents (attachment no. /page no.) | BTC approval | |
|--|---|---|--------------------------|--------------------------|
| | | | Yes | No |
| <input type="checkbox"/> Adult psychiatry (acute setting) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Adult psychiatry | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Stage 2 or Stage 3 Area of practice | FTE months | Supporting documents (attachment no. /page no.) | BTC approval | |
| <input type="checkbox"/> General psychiatry | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Addiction psychiatry | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Adult psychiatry | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Child and adolescent psychiatry | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Consultation–liaison psychiatry | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Forensic psychiatry | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Indigenous mental health – Australia | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Indigenous mental health – New Zealand | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Psychiatry of old age | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Psychotherapy | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) e.g. ECT, Certificate of Advanced Training requirement experience, etc. | Supporting documents (attachment no. /page no.) | | BTC approval | |
| <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Total time requested: Stage 1 & 2 & 3 (FTE months) _____

CENTRALLY ADMINISTERED SUMMATIVE ASSESSMENTS

Please indicate which of the below requirements, or their substantial equivalent, have been met and attach supporting documents.

The Committee for Examinations (CFE) will be consulted regarding the following centrally administered summative assessments.

| Centrally administered summative assessment | Supporting documents (attachment no. /page no.) | BTC approval | |
|---|--|--------------------------|--------------------------|
| | | Yes | No |
| <input type="checkbox"/> Psychotherapy Written Case | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Scholarly Project | | <input type="checkbox"/> | <input type="checkbox"/> |

- Please include the completed page 2 of the [Scholarly Project application for exemption](#) form (exemption fee not required).

EVIDENCE

Please complete details of training post(s) on page 4. Please attach additional copies of page 4 with other training post details as necessary. Supportive documents **must** be attached.

TRAINEE DECLARATION

I hereby certify that the information provided above and in any attached documentation is a true and correct representation of my training experience.

Trainee signature Date

| | |
|---|-------------------------------------|
| <i>Office use only</i> | |
| Date received by BTC | |
| Date received by Head Office | |
| Date enrolment confirmed | |
| Training Agreement received | <input type="checkbox"/> |
| Training fees paid | <input type="checkbox"/> |
| RPL application fee: | |
| Paid | <input type="checkbox"/> |
| N/A – Prospective application | <input type="checkbox"/> |
| Date presented to relevant SAT | |
| Date presented to CFT | |
| Outcome communicated to trainee | <input type="checkbox"/> Date |
| Date review requested by trainee (if applicable) | |
| Date review outcome provided by CFT | |
| Review outcome communicated to trainee | <input type="checkbox"/> Date |

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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Comments