

Applicants completing this assessment worksheet are reminded of the College's Academic Integrity Policy, which defines the identification, investigation, management and consequences of academic misconduct and plagiarism.

Guidelines are available on the ANZCA DHM webpage. For any queries, contact [dhm@anzca.edu.au](mailto:dhm@anzca.edu.au) or +61 3 9510 6299. Applications for transition credits must be made no later than January 31, 2019. Transition applicants who disagree with the outcome of this assessment may apply for reconsideration under regulation 30.

## 1. Applicant information

ANZCA ID (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Medical registration number: \_\_\_\_\_ Country: \_\_\_\_\_

Name as you would like it to appear on your diploma (please print legibly in capital letters):

---

## 2. Details of experience

Specialist qualification:

\_\_\_\_\_  
(Evidence required for all except FANZCA)

Country: \_\_\_\_\_ Date of completion: \_\_\_\_\_

Do you hold the ANZCA certificate of DHM? Y / N Date awarded (if applicable): \_\_\_\_\_

List experience as a specialist hyperbaric and/or diving medicine practitioner, starting with the most recent. If you do not hold the ANZCA certificate of DHM, experience must be at least five years at a minimum of one day per week (0.2 FTE). Refer to the [guidelines](#) for details on this experience. (Please provide evidence for this experience – this could be as a copy of a contract or a letter on official letterhead from current employer)



#### 4. Advanced life support

Provide details of the most recent advanced life support course or equivalent you either completed or instructed on (Evidence in the form of official certificate is required except for Fellows of ANZCA, CICM or ACEM).

Course location: \_\_\_\_\_ Date: \_\_\_\_\_

#### 5. SPUMS diploma or equivalent

*Leave blank if you hold the ANZCA certificate of DHM.*

SPUMS diploma date: \_\_\_\_\_ (Include a copy of the certificate.)

Or

Summary of equivalent research experience (refer to guidelines for information. You must submit the activity and evidence of completion for assessment with this application): \_\_\_\_\_

\_\_\_\_\_

#### 6. Contribution to the advancement of DHM

*Leave blank if you hold the ANZCA certificate of DHM.*

Provide details of at least any two of the following (evidence required):

- Development of professional activity in this field.
- Regular contributions to undergraduate/postgraduate education in this field.
- Publications in scientific journals and/or contributions to scientific meetings in this field.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 7. Declaration of fitness to practice

I certify that:

- a) I have no illness or disability that would preclude the safe practice in DHM, including dependence on or inappropriate use of alcohol or recreational and / or non-prescribed drugs, and / or treatment with prescribed drugs likely to compromise the safe practice in DHM,

OR

I have informed the College of any illness or disability that would preclude the safe practice in diving and hyperbaric medicine, including dependence on or inappropriate use of alcohol or recreational and / or non-prescribed drugs, and / or treatment with prescribed drugs likely to compromise the safe practice in diving and hyperbaric medicine, and I am receiving appropriate medical care.

- b) I have current medical registration and agree to notify the College if my medical registration is withdrawn or suspended, or conditions are placed on my medical registration.
- c) I undertake to notify the College if I develop an illness or disability that would preclude the safe practice in diving and hyperbaric medicine, including dependence on or inappropriate use of alcohol or recreational and / or non-prescribed drugs, and / or treatment with prescribed drugs likely to compromise the safe practice in diving and hyperbaric medicine.
- d) I acknowledge that any condition which could preclude the safe practice in diving and hyperbaric medicine, including personal drug or chemical dependence, may prevent my Diploma in Advanced DHM award.
- e) I agree that all communications made by the Council of the College or any of its officers, and all answers made and all communications of every kind in relation to this my application for Diploma in Advanced DHM award of the College shall for all purposes be absolutely privileged.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 8. Supporting documentation

For all applicants:

- Evidence of CPD compliance (current and for past three years).
- Evidence of participation in the listed CPD activities relevant to DHM.
- ALS course completion or ALS course instructor certificate (except Fellows of ANZCA, CICM and ACEM)

For applicants who do not hold the ANZCA certificate of DHM and Fellows of ANZCA:

- Evidence of Specialist Qualification
- Original or certified copy of the SPUMS diploma or evidence of a DHM-related research activity as described in the [guidelines](#).
- Evidence of contribution to the advancement of DHM.

## 9. Payment details

Refer to the ANZCA DHM webpage for the transition application fee.

Payment amount: \_\_\_\_\_

Please find enclosed my cheque / bank draft

Please charge my credit card (tick one)  Visa\_  MasterCard

Credit card number: \_\_\_\_\_

Name on card: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

**Send your completed form and accompanying documents to the College:**

ANZCA Training and Assessments

PO Box 6095, Melbourne, Victoria 3004, Australia

Email: [dhm@anzca.edu.au](mailto:dhm@anzca.edu.au) | Fax: +61 3 8517 5362

For any queries, contact [dhm@anzca.edu.au](mailto:dhm@anzca.edu.au) or +61 3 9510 6299.