## Scholar role activity completion

SRA

This form should be used to certify completion to a publishable standard, of a systematic review of a topic toward option B of the scholar role under the 2013 ANZCA curriculum.

. TRAINEE DETAILS		
ANZCA ID:		
Family Name:	First Name:	
Email:	Region:	
OR	peer-reviewed journal of your review, with your on of the activity and your involvement conf	
Please attach a copy of your copreferred.)	mpleted review for assessment by the Scho	lar Role Panel. (An electronic version is
Trainee's signature:		Day Month Year  Date:
STATEMENT BY NOMINATED	SUPERVISOR	
	e was the major author of this work. sessed the work and believe it to be of a pu	blishable standard.  Day Month Year  Date:
	Please send your completed form a accompanying documents to the Conference of Records Management Unit ANZCA 630 St Kilda Road Melbourne VIC 3004  Email: <a href="mailto:training@anzca.edu.au">training@anzca.edu.au</a> Fax +61 3 8517 5362	

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Date completion form received:	Copy of completed thesis/research report attached Y / N		
Panel assessment sent to trainee Y / N	Date sent:		

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