

**APPLICATION FOR
RETROSPECTIVE ACCREDITATION OF PARTIAL
TRAINING IN A FOREIGN ANAESTHESIA PROGRAM**
(See Regulation 15.11.1 (2007))

This form is to be completed by the Trainee

NAME OF TRAINEE:	
ANZCA Trainee Number:	

**I would like to apply for retrospective accreditation of
partial training in the following anaesthesia training program:**

Country _____
 Training Body/College _____
 Qualification(s) obtained _____ Date _____
(please attach certified copies of qualifications) (OR Not Applicable)

My training in this program was as follows:

Please fill out one line for each hospital; if more space required, fill out a 2nd form

Hospital	Grade (SHO, SpR)	Start date	Finish date	Time (in months)	Type of experience AN, IC, EM Pain Other (please specify)

I enclose a letter from the relevant Hospital Department (on original Hospital letterhead) which verifies my previous experience including:

- | | | |
|---|-----|----|
| 1. Dates of appointment (must be at least 3 months) | YES | NO |
| 2. Type of experience (anaesthesia/intensive care etc, and dates of each) | YES | NO |
| 3. Amount of leave taken during each appointment | YES | NO |
| 4. Accreditation by the relevant training body (e.g. RCA) | YES | NO |
| 5. Confirmation of Examinations completed | YES | NO |

In Australia/New Zealand/Singapore/Malaysia/Hong Kong I have completed/am completing the following appointments:

(PLEASE INCLUDE ALL APPOINTMENTS UP TO THE END OF THE CURRENT YEAR)

Hospital	Grade (BTY1 etc)	Start date	Finish date	Time (in months)	Type of experience AN, IC, EM Pain Other (please specify)

Trainee Signature: _____

Date: _____

Please address correspondence to:

DPA Assessor
 Training & Assessments
Australian and New Zealand College of Anaesthetists (ANZCA)
 PO Box 6095
 ST KILDA ROAD CENTRAL VIC 8008
 AUSTRALIA