



**I would like to apply for retrospective accreditation of the following training experience gained after completing 24 months of Prevocational Medical Education and Training (PMET) and prior to commencing training with ANZCA.**

**My prior training experience was as follows:**

*Please fill out one line for each hospital and rotation; if more space is required, fill out a 2<sup>nd</sup> form*

Hospital, Country	Grade (SHO, SpR, PHO, Registrar)	Start date	Finish date	Time (in months)	Type of experience AN, IC, EM Pain Other (please specify)	Recognised for training by (College name)

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

- |                                                                           |     |    |
|---------------------------------------------------------------------------|-----|----|
| 1. Dates of appointment(s) (each 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, ACEM, RACP)     | YES | NO |

**Please note that Statements of Service are not appropriate.**

**To date, in my training with ANZCA, 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)**  
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