

**APPLICATION FOR  
RETROSPECTIVE ACCREDITATION OF TRAINING TIME  
FOR HOLDERS OF A POSTGRADUATE QUALIFICATION IN  
ANAESTHESIA BY EXAMINATION  
(AFFILIATED TRAINING REGION – HONG KONG, SINGAPORE, MALAYSIA)  
(See Regulation 15.11.2 (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 previous training in the following anaesthesia training program undertaken in Hong Kong/Singapore/Malaysia (strike out which ever is not applicable) and exemption from the ANZCA Primary Exam.**

Country \_\_\_\_\_

Training Body/College \_\_\_\_\_

Qualification(s) obtained \_\_\_\_\_

*(please attach certified copies of qualifications)*

Date \_\_\_\_\_

*(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 2<sup>nd</sup> 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 (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. HKCA, ANZCA)         | YES | NO |
| 5. Confirmation of Examinations completed                                 | YES | NO |

**In Australia/New Zealand/Singapore/Malaysia/Hong Kong I am completing the following appointment(s):**

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

Hospital	Grade (Registrar, SHO)	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