



# Recognition of prior learning

This form should be completed by ANZCA trainees who wish to apply for Recognition of Prior Learning.

## Personal details

College ID

First name

Surname

Email

Mobile

## Recognition of Clinical anaesthesia training time

Please tick only one of the following to specify which category you wish to apply for

(For more information please refer to regulation 37.7)

- In a program pre-approved for RPL
- In a program not pre-approved for RPL
- In ANZCA-accredited departments while not registered as an ANZCA trainee (min.52 weeks)

Please list the most relevant terms for each training period that include the VOP and WBAs you want recognition for.

	Start date	End date	Duration (weeks)	Hospital/facility	Leave taken	FTE (0.5 – 1)
IT (up to 26 weeks)						
BT (up to 78 Weeks)						

## Recognition of Other clinical time

Please list the most relevant terms for each core unit period you want recognition for.

	Start date	End date	Duration (weeks)	Hospital/facility	Leave taken	FTE (0.5 – 1)
<b>IT</b> (up to 1 weeks intensive care only)						
<b>BT</b> (up to 19 Weeks OCT)						
<b>AT</b> (up to 38 weeks OCT)						
<b>PFT</b> (up to 42 weeks OCT)						

## Required documentation

Please indicate in the table below which credits you are applying for and provide the following supporting documents. For more information, please see notes.

Requirement	Evidence required
<b>Time</b>	A supporting letter on original hospital letterhead
<b>IAAC</b>	Initial Assessment of Competence Certificate
<b>Examination</b>	FRCA or FCAI Certificate
<b>Volume of Practice Workplace-based Assessments</b>	Extract of your electronic logbook in the provided <a href="#">template</a> .
<b>Courses</b>	For the following courses, please provide the course certificate: <div style="display: flex; justify-content: space-between;"> <div>ALS</div> <div>APLS</div> </div> <div style="display: flex; justify-content: space-between;"> <div>EMST</div> <div>CICO Neonatal resuscitation</div> </div> <div style="display: flex; justify-content: space-between;"> <div>EMAC</div> <div></div> </div>
<b>Specialty experience</b>	College Certificate/Letter stating training completed to date
<b>ICM SSU Sign off</b>	A supporting letter from clinical supervisor confirming performance meets expectation.

### Declaration of trainee

I have discussed this application with my supervisor of training and I solemnly declare that the statements made in this application are true and accurate

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Supervisor of training endorsement

I have discussed this application with the trainee and I support the request.

Name of Supervisor: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Payment details

If you have not already registered to become a trainee or are not a registered trainee, you must pay a non-refundable preliminary assessment fee. Once you become a trainee, you will need to pay the recognition of prior learning fee in order to receive credit.

Please tick to indicate which fee(s) you intend to pay:

**Preliminary assessment fee** \$ A 620.00 (GST incl.)

**Recognition of prior learning fee**

Australia (GST incl.) \$ A 3200.00

New Zealand (GST incl.) \$ NZ 3965.00

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

Credit card type                      Visa                      Mastercard

Credit card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Please send your completed form to the college:

ANZCA Training

Email: [assessor-requests@anzca.edu.au](mailto:assessor-requests@anzca.edu.au)

For further information, please email or contact us at +61 3 9510 6299.

## Supporting Documentation

More information on the supporting documents can be found below

### DPA assessor request form – application notes

#### Time

A supporting letter on original hospital letterhead that confirms the following for each term you have indicated in section 2 that you wish to have assessed for RPL:

- Date of appointment
- Type of experience
- Amount of leave taken
- Accreditation of training by relevant training body

For terms with part-time training, documentation that shows:

Your duties comprised a minimum of 50 percent of the commitment of a full-time trainee in the same department

- You participated in both in-hours and out-of-hours duties on an FTE-proportional basis
- You participated in the local/regional teaching on at least an FTE-proportional basis

#### IAAC

If you have completed the Initial Assessment of Competence, please provide a copy of the certificate

#### Examination

For an exemption from the primary exam, you will need to attach a copy of the FRCA or FCAI Certificate

#### Volume of Practice and Workplace-based Assessments

Please provide an extract of your electronic logbook in the provided [template](#).

Please enter the number of cases you wish to be credited as RPL and label the case with the relevant code. Please note, only cases labelled with requirement codes will be assessed. If appropriate, you may label one case with multiple codes.

#### Speciality experience

This should be a college Certificate/Letter stating training completed to date

#### Scholar role activities

Recognition of prior learning or exemption is available for four of the core scholar role activities, but not the audit activity. All trainees must complete the audit activity, noting the improved audit requirements.

The following forms can be used to prospectively apply for an activity to be completed during training, or to apply for recognition of a completed activity. Detailed requirements for RPL and exemptions

- Teach a skill and facilitate a group discussion.
- Critical appraisal of a paper and critical appraisal of a topic