**Entry criteria checklist** (Refer to 2024 new program handbook for full entry criteria details)

**Entry Application**

**Rehabilitation Medicine Advanced Training**

|  |  |
| --- | --- |
|  | Submit evidence of completion\* of an Advanced Life Support course within 12 months prior to commencing training |
|  | Submit evidence\*\* 2 years full time (or full-time equivalent) of supervised postgraduate general clinical experience in a health-related field (post primary medical degree) within the last 5 years |
|  | Confirm you hold either:   * General medical registration with the Medical Board of Australia (if applying in Australia), OR; * Medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate (if applying in Aotearoa New Zealand)   This will be validated via [AHPRA register](https://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx) or [MCNZ register](https://www.mcnz.org.nz/registration/register-of-doctors/) |
|  | Submit evidence of appointment to a position in an AFRM-accredited training setting or network. |

\*If trainees have not completed an ALS course prior to entering training, it can be completed within the first 12 months of training. Trainees will need to submit evidence that they have registered to complete a suitable course within the first 12 months of training.

\*\*Include evidence of primary medical degree qualification and a letter or certificate from Medical Superintendent in which all training positions including the dates of post graduate training are clearly identified.

**Submission process**

Applications and supporting documents should be submitted to [rehab@racp.edu.au](mailto:rehab@racp.edu.au) at least 3 months before commencing training (as entry decisions can take up to 8 weeks).

Note: Trainees are also required to apply for [prospective approval of training](https://www.racp.edu.au/docs/default-source/trainees/advanced-training/rehabilitation-medicine/general-rehabilitation-medicine-application-for-prospective-approval-form.docx?sfvrsn=ea64ee1a_14) each year. Submit your application form to [rehab@racp.edu.au](mailto:rehab@racp.edu.au).

**Information**

Trainees who commence Rehabilitation Medicine Advanced Training in 2024 will follow the [new curriculum standards and transition program requirements](https://www.racp.edu.au/trainees/advanced-training/curricula-renewal/wave-1/rehabilitation-medicine). Please refer to the [2024 new program handbook](https://www.racp.edu.au/docs/default-source/trainees/advanced-training/curricula-renewal/rehabilitation-medicine-2024-program-handbook.pdf?sfvrsn=dcfad61a_4), which outlines the learning, teaching, and assessment program requirements.

If you have any questions about the Rehabilitation Medicine Advanced Training program, please contact [rehab@racp.edu.au](mailto:rehab@racp.edu.au).

**Entry Application Form**

Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix | Click or tap here to enter text. | Preferred name | Click or tap here to enter text. |
| Given name | Click or tap here to enter text. | Surname | Click or tap here to enter text. |
| Date of Birth | Click or tap to enter a date. | Gender | Choose an item. |
| Click or tap here to enter text. |
| Do you identify as being of Aboriginal, Torres Strait Islander, Māori, or Pacific Islander origin? | | Choose an item. | |
| MIN (If you have an existing RACP account) | | Click or tap here to enter text. | |

Contact details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Email Address | Click or tap here to enter text. | | Phone Number | Click or tap here to enter text. | | |
| Address Line 1 | Click or tap here to enter text. | | | | | |
| Address Line 2 | Click or tap here to enter text. | | | | | |
| State/Territory  Region | Click or tap here to enter text. | Postal Code | Click or tap here to enter text. | | Country | Click or tap here to enter text. |

Primary medical qualification (MBBS or equivalent)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Qualification title | Click or tap here to enter text. | | | | |
| Institution | Click or tap here to enter text. | | | | |
| Year qualified | Click or tap here to enter text. | Year awarded (if different) | Click or tap here to enter text. | Intern year | Click or tap here to enter text. |

Postgraduate clinical experience

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Start/end date | Click or tap here to enter text. | | Institution/hospital | Click or tap here to enter text. | | Position | Click or tap here to enter text. | | Rotation | Click or tap here to enter text. | | |  |  | | --- | --- | | Start/end date | Click or tap here to enter text. | | Institution/hospital | Click or tap here to enter text. | | Position | Click or tap here to enter text. | | Rotation | Click or tap here to enter text. | |
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