

Medical Council of Tasmania

Registration Checklist for International Medical Graduates - Pathway 2 - Standard Pathway

Name and day time phone number of Doctor	Full Name Day time phone number
Date of Birth	
Gender	Male / Female
Primary qualifications	University Name University Location Degree Title Date
Other qualifications	University Name University Location Degree Title Date
Australian immigration status	Temporary Resident / Permanent Resident If Temporary Resident, what is your Working Visa expiry date?
AMC Examinations:	<i>Complete as appropriate and list dates of any attempts or successes</i> MCQ <input type="checkbox"/> Success date Clinical <input type="checkbox"/> Attempt date <input type="checkbox"/> Success date
English language	Successful completion of: <input type="checkbox"/> IELTS Test Report Form (TRF) number <input type="checkbox"/> OET Test <input type="checkbox"/> PLAB <input type="checkbox"/> NZREX as per National English Language Proficiency Policy as at 1 July 2007; or <input type="checkbox"/> Completed "Application for Exemption"
Primary Source Verification (through the AMC)	AMC Reference number (as applicable):: <input type="checkbox"/> of Primary Medical Degree <input type="checkbox"/> of Postgraduate Medical Degree
Registered anywhere else in Australia?	
Name of current Registering Body Overseas (RBO)	
Certificate of Registration Status or Certificate of Good Standing	Registering body: Date:
Employment and proposed position to be occupied	Name of employer: Proposed position: Enclosed copy of: <input type="checkbox"/> Curriculum Vitae Enclosed signed copies of: <input type="checkbox"/> Position Description <input type="checkbox"/> Supervisor's Agreement
Is this part of an accredited training programme?	
Required Registration dates (Not exceeding 12 months)	Registration commencement date: Registration expiry date:

An application fee of \$250 must be submitted with your application
(non-refundable under the terms of the Medical Practitioners Registration Act 1996)

Cheque / Money Order (made payable to THE MEDICAL COUNCIL OF TASMANIA) or

Please charge my: VISA / MASTERCARD

Credit card No: Expiry Date:

Name on card:

Signature :

COMPULSORY DECLARATION
CONSIDERATION OF ELIGIBILITY FOR CONDITIONAL REGISTRATION

PLEASE NOTE: IT IS A REQUIREMENT FOR CONSIDERATION OF YOUR ELIGIBILITY FOR CONDITIONAL REGISTRATION THAT YOU COMPLETE AND SIGN THIS DECLARATION. IF THIS DECLARATION IS NOT COMPLETED AND SIGNED, THEN YOU WILL NOT BE CONSIDERED FOR CONDITIONAL REGISTRATION.

I SOLEMNLY DECLARE THAT:

Please tick appropriate box

1. My state of health is such that it poses no significant risk to a patient or other person whilst I am engaged in medical practice.
- True False
2. (a) I have not been convicted of any criminal offence excluding any minor traffic offence in the last 12 months in Australia or overseas.
- True False
- (b) There is no criminal action excluding minor traffic offences pending against me in Australia or overseas.
- True False
- (c) There are no civil proceedings pending against me for claims for alleged negligence by me in my practice of medicine in Australia or overseas.
- True False

I MAKE THIS DECLARATION, CONSCIENTIOUSLY BELIEVING THE STATEMENTS CONTAINED IN IT TO BE TRUE AND CORRECT IN EVERY PARTICULAR.

.....
Signature of Applicant

.....
Date

PLEASE RETURN THE COMPLETED FORM

BY POST TO: The Medical Council of Tasmania
 PO Box 8
 SOUTH HOBART TASMANIA 7004

OR BY FACSIMILE (IF PAYING THE APPLICATION FEE BY CREDIT CARD):
61.(0)3.6233.7986

Please do not alter this form in any way or it cannot be accepted.