**Application for Recognition of Prior Experience and Learning**

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| **REGISTRAR NAME** |  |
| **DATE of GRADUATION (MBBS or MBCHB)** |  |
| **REGISTRAR SIGNATURE** |  |
| **DATE of APPLICATION** |  |

Avoiding unnecessary repetition of training and learning is an important principal of this training programme.

**Prior Experience:**

Doctors with clinical experience at PGY3 and above obtained before enrolling in the Rural Hospital Medicine Programme may apply to have their programme clinical experience requirements reduced provided the clinical experience is equivalent to the requirements of the programme. Please note that PGY2 would not be applicable for recognition of prior learning.

If you have prior experience allocated, you can use this to shorten the time you need to spend in the training programme. Or you may choose to use it to increase the elective time you have available in the programme.

You can have a maximum of up to 2 years of prior clinical experience allocated. The minimum experience required for fellowship remains at four years FTE, starting at PGY3.

If you are considering applying for RPL, it is the responsibility of the applicant to provide the College with all relevant documentation to support their claim.

| **Postgraduate Year** | **Speciality** | **Hospital / GP Practice** | **Date Started** | **Date Finished** | **How many months do you want to claim for RPL per run** | **Contact person name**  **Phone:**  **Email:** |
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NOTES / ADDITIONAL INFORMATION TO SUPPORT YOUR APPLICATION

**Prior Learning:**

Registrars who have passed GPEP will be exempt the requirement to complete Otago University GENA 725

Registrars who have passed RACP part 1 will exempt the requirement to complete Otago University GENA 728 and GENA 729

A registrar who has undertaken other postgraduate papers may apply to have these recognised and seek exemption from parts of the academic programme. For example, a registrar who has passed **both** the Postgraduate certificate in Women’s Health and the Postgraduate certificate in Child Health will be exempt from the requirement to complete GENA 726, however it is strongly advised that this paper is completed as the teaching considers the rural perspective of paediatric and women’s health.

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| **Name of paper** | **Date Completed** | **University** | **Credits / Points/ Grade** |
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**Completion of other Colleges ‘Part Ones’: \***

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|  |  | **Date Completed** |
| GPEP |  |  |
| ACEM |  |  |
| AMPEX |  |  |

**\* Provide evidence either an original or a certified signed photocopy of certificate.**

Signed:

Registrar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office use only:**

Approved by the Division of Rural Hospital Medicine Clinical Leads on behalf of the DRHM Board of Studies

|  |  |
| --- | --- |
| Date |  |
| Signed (Clinical Lead) |  |
| Signed (Clinical Lead) |  |
| Signed (Clinical Lead) |  |

Please return this form for consideration to:

Rural Programme Advisor

C/- The Royal NZ College of Practitioners

PO Box 10 440

Wellington 6143

Phone: 04 496 5999

Fax: 04 496 5997

Email: [drhmnz@rnzcgp.org.nz](mailto:drhmnz@rnzcgp.org.nz)