

**APPLICATION TO BE ASSESSED FOR RECOGNITION AS A SPECIALIST IN SPORT AND EXERCISE MEDICINE**

*To be eligible to apply for specialist assessment, you are required to have completed and satisfied all training and examination requirements and hold a specialist qualification from overseas that allows you to practice in your field of specialty in your country of training.*

Lodge this form with the specified supporting documents.

## Before completing your application, please read the below information:

* Please ensure that the application forms and copies of documents are completed and certified correctly.
* Please ensure that the application fee accompanies your completed application.
* If your application is assessed as incomplete, you will have six months to submit the outstanding documentation before your application expires. Your application fee will be forfeited and your application will be returned to you. If your application expires you will be required to submit a new application by completing the relevant paper-based application including the application fee and all required documentation.
* Forms incorrectly completed will not be assessed and your application will be determined to be incomplete (see above).
* You should read the information available on the MBA (www.medicalboard.gov.au) and Australasian College of Sport and Exercise Physicians ( <http://acsp.org.au/> ) websites before completing the application forms.
* You should refer to the MBA website (www.medicalboard.gov.au) for correct witnessing procedures.

## Checklist of documents required for OTS Assessment:

## The following items are mandatory. Your application will not be progressed until all of the below documents are received by the ACSEP.

☐ Proof of primary source verification (PSV) via the Australian Medical Council (AMC).

Before applying to the College, applicants must submit an application to the AMC for primary source verification of their primary medical degree and specialist qualification(s). Applicants can obtain the PSV application form from the AMC website. Original language and English translations that must comply with the APHRA translation policy**).**

☐ Completed ACSEP specialist assessment application form.

☐ Payment of the OTS application (you will receive a link from the ACSEP upon submission of your application)

☐ EPIC identification form. This must be certified and signed.

☐ Logbook of procedures relevant to your specialty. Specialties marked with an Asterix (\*) on Page 1 of the application form must submit a logbook of procedures. The College may request a logbook of procedures for other specialties if required. Logbooks are normally completed during specialist training and should be signed by your supervisor or the institution that accredited your specialist training. Patient privacy must be protected at all times, so unique identifiers must be removed prior to submission.

☐ Proof of completion of an appropriate English Language examination. Applicants should refer to the Medical Board of Australia’s (MBA) registration standards for English language.

The following items may be required. Please submit if applicable to your application.

☐ Certificate of specialist registration: in some instances, we may require a certificate of specialist registration from the appropriate overseas registration body to demonstrate your status as a specialist in your country of training. This certificate must confirm your eligibility for practice as a Sport physician in the specialty in which you are applying for assessment.

☐ Certified copy of change of name documentation (if applicable)

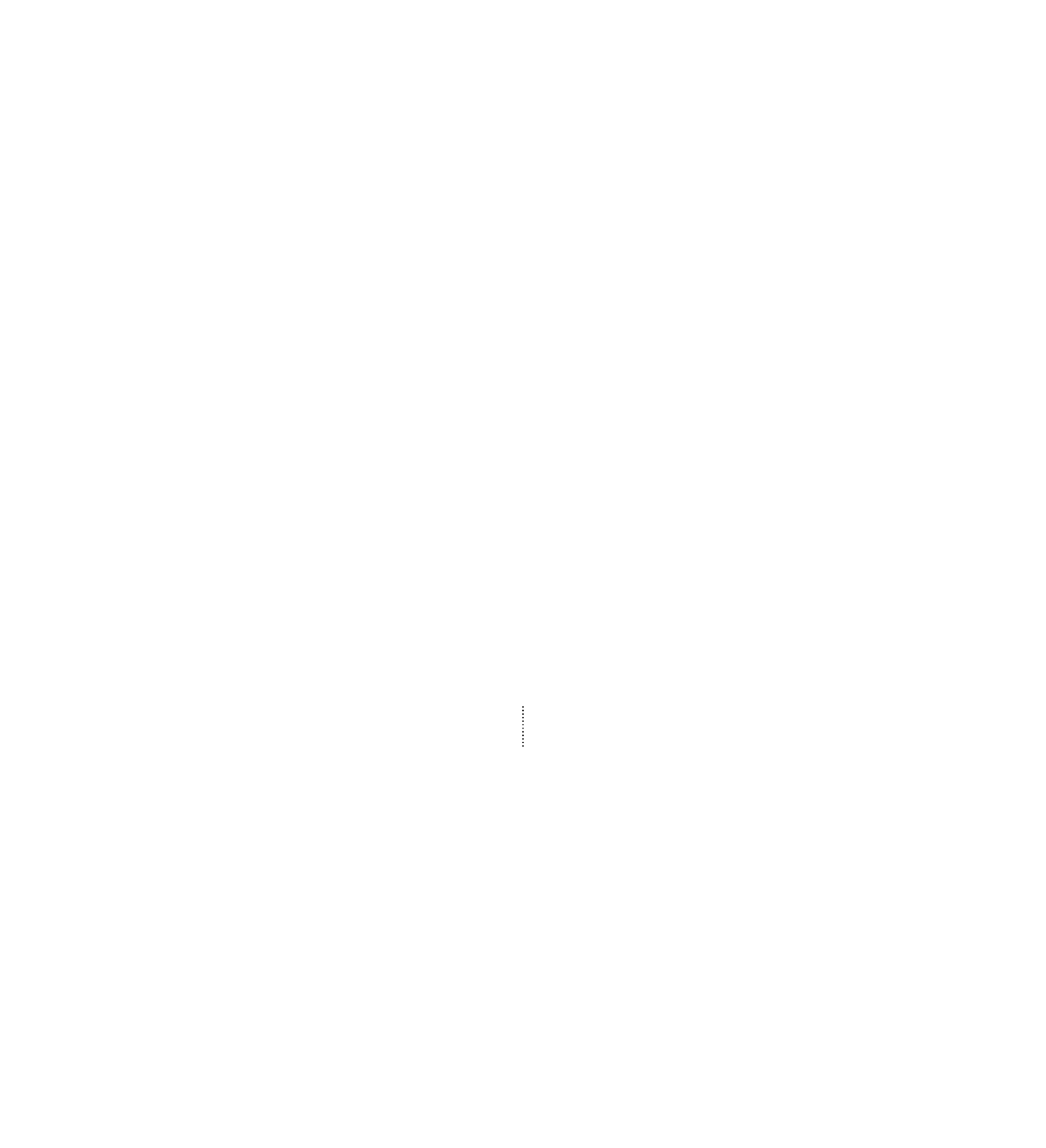
☐ Disclosure of personal information form (if applicable)

## STATUTORY DECLARATIONS

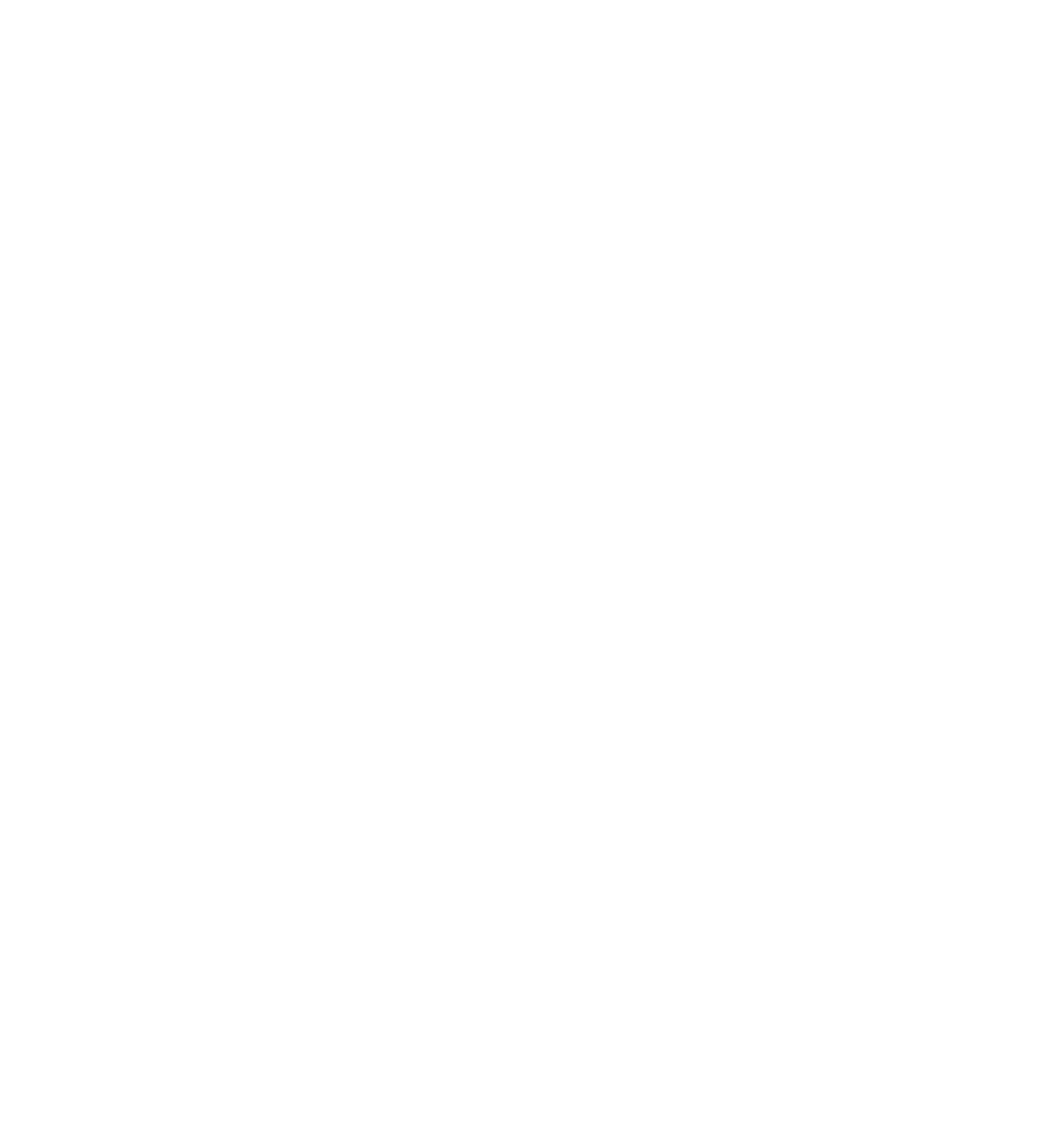
The following are accepted as eligible to witness declarations and required assessment documentation:

## IN AUSTRALIA OVERSEAS

* A Justice of the Peace
* Chief Magistrate - Police Magistrate - Resident Magistrate - Special Magistrate.
* A person appointed under the Statutory Declarations Act 1959, as amended, or under a State Act to be a Commissioner for Declarations.
* A Notary Public
* A person appointed as a Commissioner for Declarations under the Statutory Declarations Act 1911, or under that Act as amended, and holding office immediately before the commencement of the Statutory Declarations Act 1959.
* Commissioner of Oaths (South Africa, Sudan and Canada only)
* A person appointed to hold, or act in, the office in a country or place outside Australia in an Australian Embassy, High Commission, Legation or other post as:
  + Australian Consul-General, Consul or Vice-Consul.
  + Australian Trade Commissioner or Consular Agent.
  + Australian Ambassador or High Commissioner.
  + Australian Minister, Head of Mission, Commissioner, Chargé d’Affaires or Counsellor.







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## EVIDENCE OF IDENTITY

All applicants applying for specialist assessment must provide proof of their identity. Applicants will need to provide proof of personal identity by way of submission of two (2) types of identification documentation. To view these requirements, visit the AMC website (www.amc.org.au). Please note that meeting the AMC’s requirements for identification will not necessarily satisfy the Medical Board of Australia’s proof of identity requirements.

Tick this box if you have submitted certified evidence of identification.

## PRIVACY

Your privacy is respected by the College. Information collected by the College may be used for administering the assessment of overseas trained specialists and provided to officers of the College involved in the specialist assessment, the respective employer, supervisors, the Australian Medical Council and the Medical Board of Australia.

If you have any privacy concerns or would like to verify information held about you, please contact the College.

## RESTRICTIONS ON PRACTICE

**Are you subject to any restrictions or limitation under any law or regulation?**

YES NO

If YES, please supply details

**Have you been charged or convicted of a criminal offense (other than minor traffic or other trivial offenses)?**

YES NO

If YES, please supply details

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## CONSENT TO COLLECT INFORMATION

Name:

Signature:

## DECLARATION BY APPLICANT

*Please print clearly in sections below and complete all fields*

I,

Date:

## DO SOLEMNLY AND SINCERELY DECLARE THAT:

* + - *I am the person identified in the Application to be Assessed for Recognition as a Specialist.*
    - *I am the person who has signed below.*
    - *I have familiarised myself with the requirements, procedures and policies as set out in relevant MBA and College publications.*
    - *The statements made, and the information provided, in this application form and in the certified documents attached are true and complete.*

Signature of person making the Declaration: Declared at (date/month)

Before me Signature of person before whom the Declaration is made

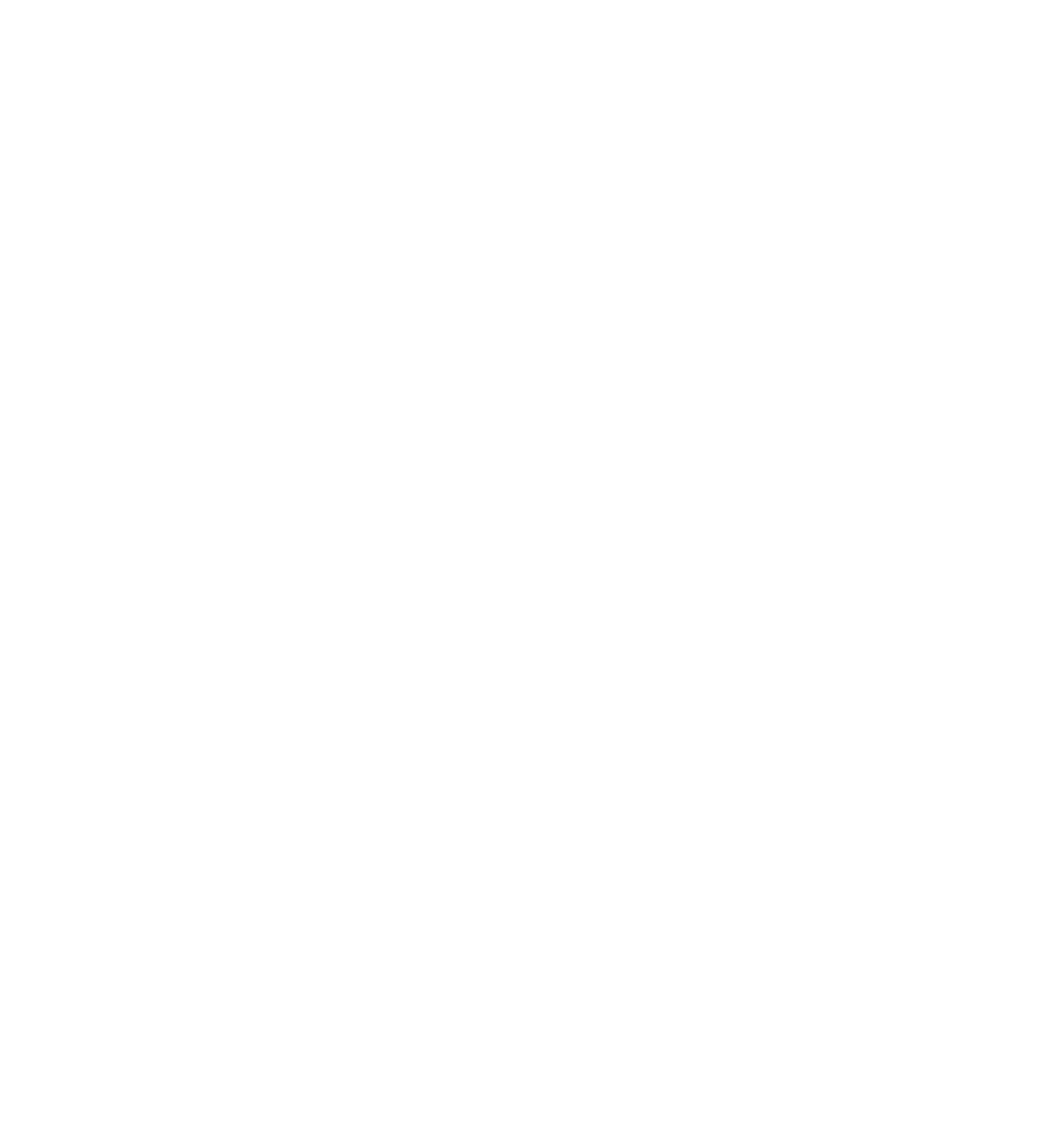
*Signature of person before whom the Declaration is made* Please print name of witness in BLOCK LETTERS

Insert official title of witness Contact Number of Witness

Insert address of witness

*\* The person witnessing this Declaration must be the same person who certifies the documents of the applicant. If a different eligible witness is used to certify the supporting documentation you must submit a statutory declaration explaining why a different witness was used and it must be witnessed by the new eligible witness.*

*\*\* The title of the witness must be written (e.g. Notary Public, Justice of the Peace).*



**PLEASE SEND YOUR APPLICATION FORM, COMPLETED CHECKLIST AND CERTIFIED DOCUMENTS AND PAYMENT TO ACSEP NATIONAL OFFICE**

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**APPLICATION TO BE ASSESSED FOR RECOGNITION AS A SPECIALIST IN SPORT AND EXERCISE MEDICINE**

# OTS Application Details

**Name: DOB:**

**Undergraduate Qualification**

**AMC Confirmation** *(EICS number)* **Postgraduate Qualification in SEM Other Postgraduate Qualification Current Place of Employment**

*(including Country)*

Training Program (TP) *Yes No Details*

*OTSC*

*(Indicate if comparable) C, PC, NC*

*Evidence provided*

*(please tick & annotate)*

*Office Use Only*

Was your Training Program supervised by an organisation accredited by an external body?

Was your Training Program 4 years or more?

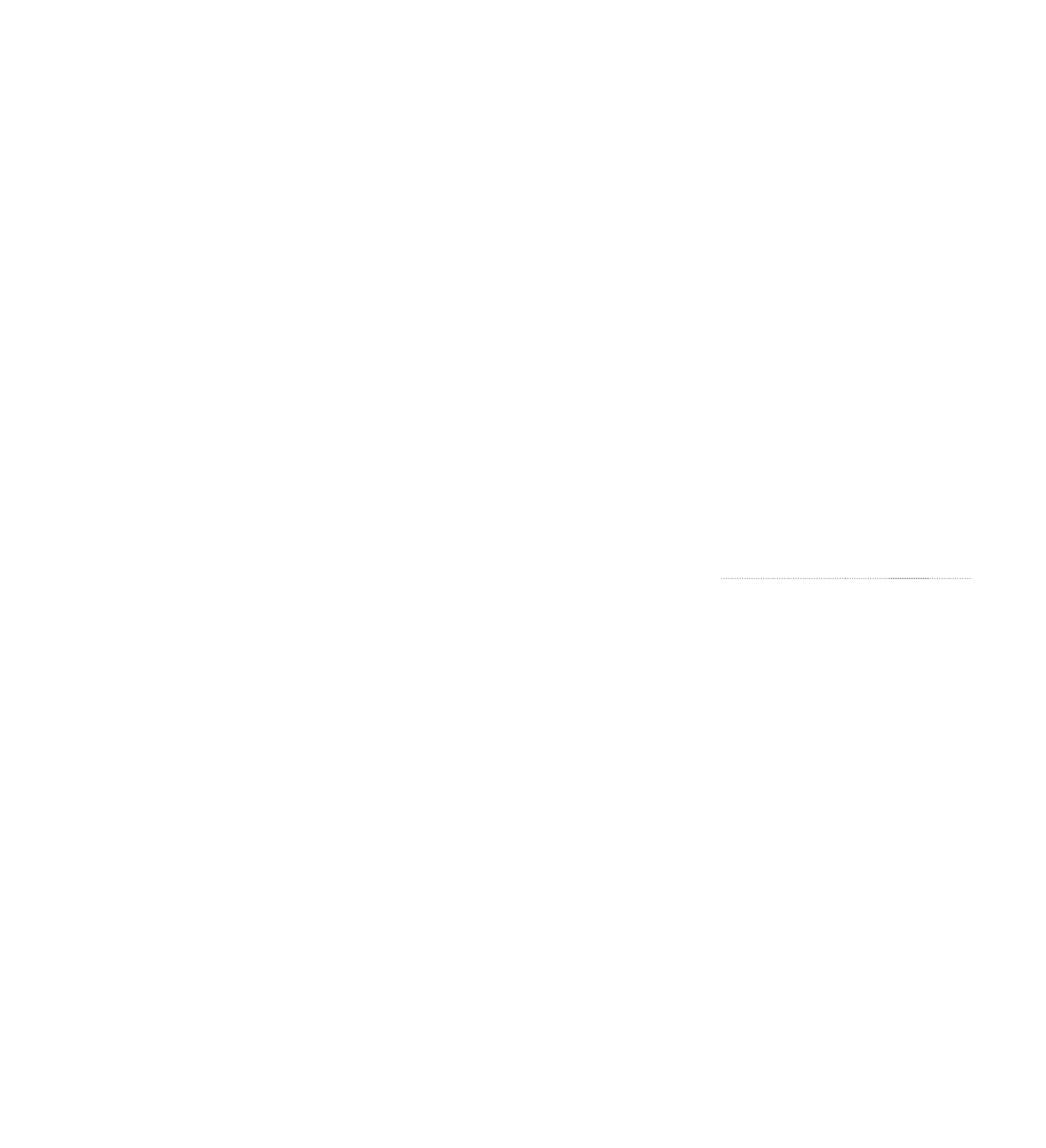
Have you completed studies in statistics and/or research methodology?

Have you completed studies in Sports Nutrition?

Have you completed studies in Sports Pharmacology?

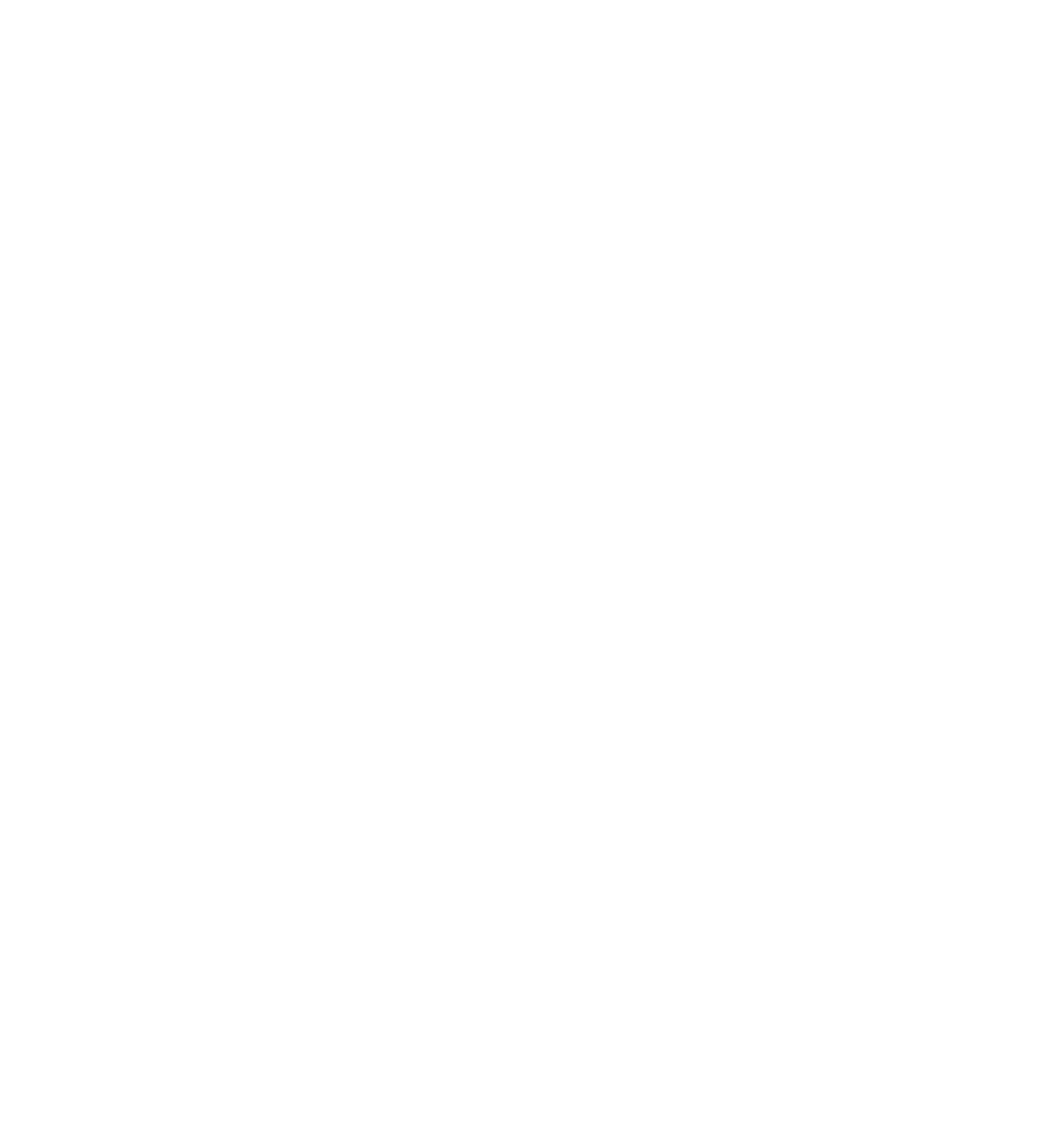
Have you completed studies in Biomechanics?

Have you completed studies in Psychology and Sport?



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Did you complete an entrance examination?

Have you undertaken an exit examination?

If yes, give details

Was there a MCQ examination?

Was there a written examination?

Was there a clinical examination?

Was there a Viva voce?

Other

# Experience in Sport and Exercise Medicine (SEM)

How many years’ in total SEM experience do you have including your SEM Training Program?

List your SEM practice locations including dates

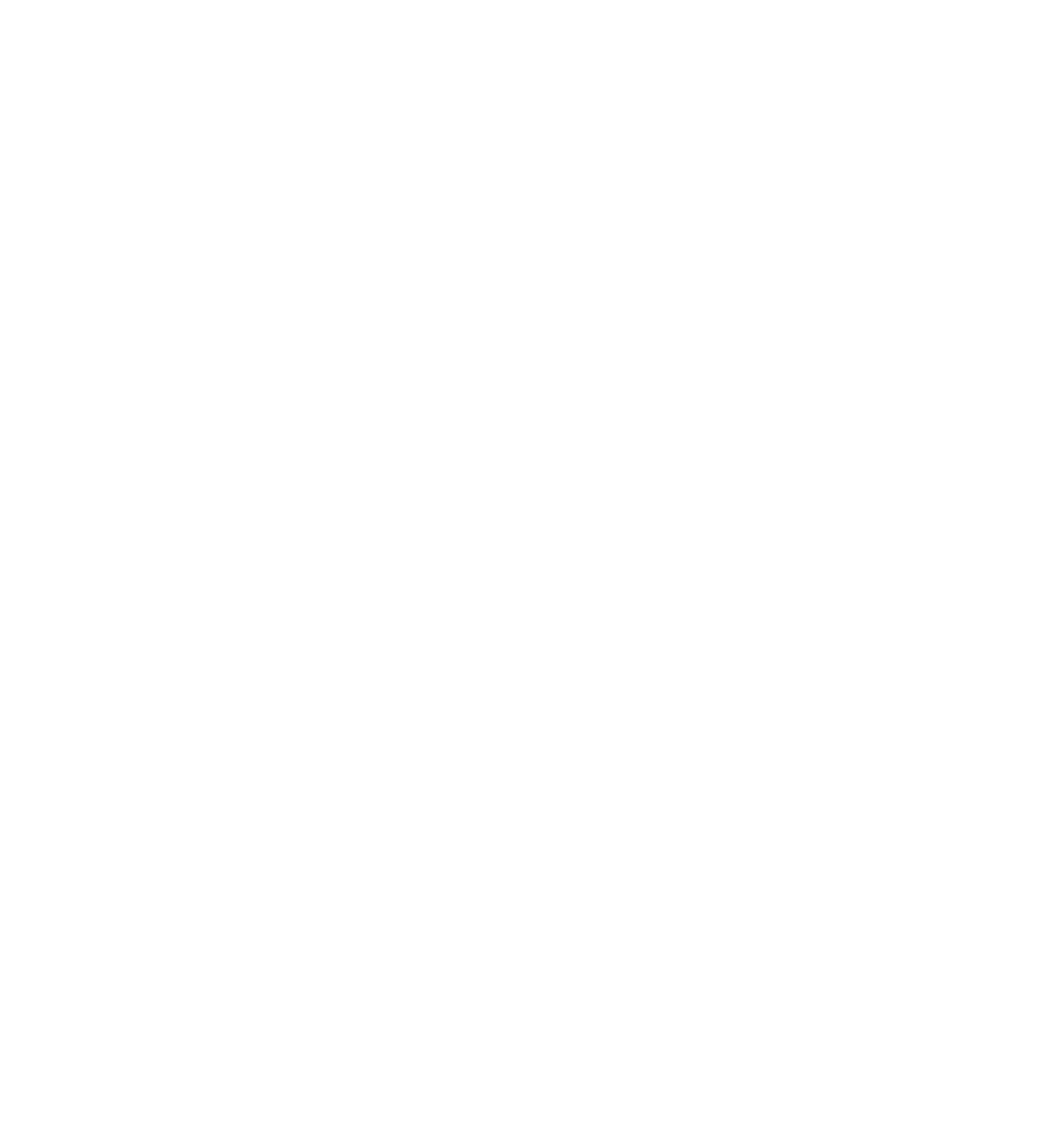
What sporting medical coverage have you done, include dates.

What is your current scope of practice?

i.e. What do you typically see in your Sport and Exercise Medicine practice?

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Research and Publications

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