



FORM AD2.8A Clinical Fellowship Examination - Application Form

Registrar's Name:			
Year of Training:		Training Program Year:	
	Do you intend to sit this exam?		What # attempt will this be?
Fellowship (Part 2) Exam: Clinical	YES	NO	

SECTION 1: TRAINING PORTFOLIO

Training Manual Requirements	YES	NO
Have passed both the Written MCS & SAQ Fellowship Examination Year of latest pass:		
Have you completed all Training Program items? > If no, complete Section 2 - Action Plan on the next page.		
All College fees have been paid in full		
Are you free of any adverse findings, any conditions placed on their practice or are under any investigation by any medical authority (such as but not limited to AHPRA, MCNZ, the HIC, ACC, or hospital medical advisory committees).		
Commentary		



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SECTION 2 – SPECIAL CONSIDERATION

If you selected "No" to any Requirements in Section 1, please complete the following Action Plan to request special consideration from the Training Committee, Research Committee and/or the Board of Censors to sit Clinical Fellowship Exam with this task still outstanding.

ACTION PLAN PROPOSAL	
Name of Requirement that is outstanding:	
Reasoning why this it is still outstanding:	
Proposed Completion Date:	
Proposed Completion Plan:	

ACTION PLAN OUTCOME	
Assessed By:	
Assessment outcome:	
Commentary:	