



## Stage 3 Progression Form

### DESCRIPTION

This form is used for Registrars to apply for approval for progression from stage 3 of the Training Program. All Training Program requirements for the Registrar's current stage must be completed to progress and the Registrar's online portfolio must be up to date with all Training Program documentation. Incomplete portfolios will result in progression not being approved. Completed forms must be emailed to [registrars@acsep.org.au](mailto:registrars@acsep.org.au) for approval by the Training Sub-Committee.

### REGISTRAR DETAILS

Registrar name		Year	
Stage of training		Training period	
Full-time or part-time		Loading	
Date started stage 3		Date finished stage 3	
Total full-time equivalent time spent in stage 3			

### STAGE 3 TRAINING PROGRAM REQUIREMENTS

I confirm I have completed the following Training Program requirements and uploaded all documents to my online portfolio.

Completion of stage 1	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete
Completion of stage 2	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete
Minimum of 7 months FTE Training Time in stage 3	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete
Annual Training Plan for each year in stage 3	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete
Training Logbook for each Training Period in stage 3	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete
Logbook of Procedures for each Training Period in stage 3	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete
CTS Progress Reviews for each Training Period in stage 3	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete



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CTI Progress Reviews for each Training Period in stage 3 (if working with a CTI)	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete <input type="checkbox"/> N/A
ZTC Progress Reviews for each Training Period in stage 3	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete
Tutorial attendance above 85% for each Training Period in stage 3	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete
Management of Sports Trauma Course completed in stage 3 (if applicable)	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete <input type="checkbox"/> N/A
MSK Ultrasound Course completed	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete
EPA 10, all associated WBAs and all associated event and team coverage requirements	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete
EPA 11 and all associated WBAs	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete
Completion of Research Based Activity portfolio	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete
Attendance at Registrar Conference and ACSEP Conference for every second calendar year in stage 3 at a minimum	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete
Passed the Clinical Fellowship Examination	<input type="checkbox"/> Complete <input type="checkbox"/> Not complete
Comments (if required)	

**SIGNOFF**

Registrar name		Signature	
Date			
Primary CTS name		Signature	
Date			
ZTC name		Signature	
Date			



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**APPROVAL (OFFICE USE ONLY)**

Approval	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved		
Action plan (if not approved)			
Chair of Training		Signature	
Date			