

## Recognition of prior experience

### Requirements for awarding of recognition of prior experience

- 4.12.1 Trainees may be granted a maximum of six months recognition of prior experience (RPE) towards the practice development stage.
- 4.12.2 Trainees will be granted RPE only for direct experience accumulated within the three years preceding commencement of the core training stage, in training positions of no less than one quarter (11 weeks) excluding normal leave.
- 4.12.3 Direct experience in pain medicine must be obtained in a Faculty-accredited unit or in a multidisciplinary unit(s), with equivalent facilities and staffing. WBAs equivalent to those within the FPM training program must be completed.
- 4.12.4 Trainees must submit their application to the Faculty assessor prior to commencement of the core training stage. Granting of RPE is contingent upon completion of the core training stage.
- 4.12.5 RPE will be awarded following payment of a pro-rata ATF based on the months of approved training time and payable within four weeks of commencing the practice development stage.

### 1. Personal information

College ID: \_\_ / \_\_ / \_\_ / \_\_ / \_\_

Family name: \_\_\_\_\_

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

### 2. Contact information

Home address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### 3. Pain Medicine experience undertaken to date

*Note: supporting evidence must be supplied for the clinical experience you want recognised as outlined in the checklist below.*

Hospital and country	No of work-place based assessments	From DD/MM/YY	To DD/MM/YY	Time (in weeks)	Leave taken (in weeks)	Full/part time *

\* If part time please indicate FTE between 0.5 and 1

#### 4. Declaration of applicant

I solemnly declare that the statements made in this application are true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Recognition of Prior Experience (checklist)

The following document must be attached to your completed recognition of prior experience form with all the appropriate signatures. Only complete applications will be reviewed by the Faculty assessor for approval.

- \_\_\_\_\_ FPM recognition of prior experience form
- \_\_\_\_\_ For each period of pain medicine experience a supporting letter on original hospital letterhead that confirms the dates of appointment and amount of leave taken.
- \_\_\_\_\_ Two refereed reports
- \_\_\_\_\_ Evidence of your logbook including copies of all your work-place based assessments

*If you are submitting a photocopy of an original document, it must be certified by a Justice of the Peace (JP) or an equivalent official and have the following information written on it:*

*“Certified True Copy of Original Document” written on the photocopy*

*Date of certification*

*Signature of certifier*

*Name and position of the certifier.*

Send the completed form and accompanying documentation to:

Faculty of Pain Medicine  
PO Box 6095  
ST KILDA ROAD CENTRAL  
VIC 8008 AUSTRALIA

painmed@anzca.edu.au