



Area of Need Application Checklist

Please review the checklist below and make sure ALL documentation has been submitted to the College. Please note that prior to any application being processed, the following must be received:

1. Copies of the relevant documentation that you are required to submit to the AMC (this will be forwarded directly to the College from the AMC once they have verified the documentation);
2. College documentation as indicated in the table below

The checklist must be completed, signed and submitted by the applicant or their representative.

Name of Applicant: _____

I have submitted the Area of Need application forms to the College: <i>Completed by AON applicant</i> EARAON-F1 (Application Form) EARAON-F2A (Referee list) <i>Completed by employer</i> EARAON-F3 (Position Description) EARAON-F4 (Skills Assessment/Audit) EARAON-F5 (Employer Details)	 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I have forwarded the referee report EARAON-F2B to the three (3) referees listed in EARAON-F2A.	<input type="checkbox"/>
I have included a copy of the applicant's English language proficiency test and it meets the requirements of the National English Language Proficiency Requirement for International Medical Graduates	<input type="checkbox"/>
I have included the Area of Need application fee with the documentation (please contact the College beforehand if you require a tax invoice for payment).	<input type="checkbox"/>
I have read the Area of Need Manual and the associated information found on the RANZCR website.	<input type="checkbox"/>
I am aware that interviews are conducted bi-monthly and a place for the applicant can only be secured once the full application fee is received.	<input type="checkbox"/>

I have completed the above checklist. I understand that **only** when all documentation from the AMC has been received by the College, including confirmation of verification of my documentation, can notification of the assessment outcome to the relevant registration board take place.

Signed: _____ Date: _____