



# NEW SOUTH WALES MEDICAL BOARD

## International Medical Graduate (IMG) applying for registration to undertake Specified Training in New South Wales

### Assessment application

**FORM  
IMG 8**

#### **PART A: Employer / sponsor application**

Part A is to be completed by the employer/sponsor and submitted **with the required documents** to the relevant college.

The purpose of this application is to enable the College to advise the Medical Board in relation to the suitability of the specified training position for the IMG. The Medical Board requires this advice from the College to assist in deciding on the eligibility of the IMG for registration on the Specialist Pathway.

#### **Applicant details (employer/sponsor and applicant to complete)**

Family name:	
Given name/s:	
Basic Medical Qualification	
Name of overseas specialist college/body awarding the specialist qualification, or with whom the applicant is a trainee:	
Specialist qualification awarded (or to be awarded) by the above college/body upon completion of training:	
Specialty or training area (e.g. anaesthetics, neonatology, etc) in proposed training position:	
Employer/ Institution / Supervisor contact details	
Contact person (employer or sponsor) on behalf of the applicant:	
Australian state or territory in which the training position will be located:	

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Institution: \_\_\_\_\_ Position: \_\_\_\_\_

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

The following documents **must** be attached to this application and submitted to the relevant College (please tick):

- Position description
- Training program
- Curriculum vitae of the applicant
- Statement from the overseas specialist college/body awarding the specialist qualification, or with whom the applicant is a trainee in the country of training (*see under Forms and Templates for a template on Statement from Country of Training*):
  - o confirming the applicant's trainee status with the college/body
  - o outlining the content, structure and length of the training program
  - o confirming that the applicant is no more than 2 years from completing their specialist training
  - o confirming that the applicant has passed a basic specialist examination **or** satisfactorily completed substantial training (generally 3 or more years i.e. PGY 5); and
  - o identifying the objectives of the training to be undertaken in Australia

**OR**

- Confirmation of the applicant's Specialist Qualification in their home country

**IMPORTANT:**

Please also check with the relevant College website as further specific information may be required by some colleges. Please also note that further registration requirements apply, including a statement from the applicant that he/she intends to return home on completion of the training program in Australia.

Please check with the relevant College website for the fee payable to the College to undertake an assessment. This fee may vary from College to College and fee payment must be included with this application form. Any application form submitted to a College without fee payment will be returned directly to the employer/sponsor to seek payment before an assessment can take place.

**Please see next page for Part B – College Advice to the Medical Board**

**PART B: College Advice to the Medical Board**

*Part B should be completed by an authorised college representative and submitted to the Medical Board and a copy provided to the employer/sponsor.*

*The Medical Board requires this advice from the College to assist in deciding on the eligibility of the IMG for registration on the Specialist Pathway.*

On the basis of the information provided with this application the College provides the following advice to the Medical Board (please tick):

- Yes, the training position/program is suitable for the applicant.
- No, the attached training position/program is not suitable for the applicant. (Please provide reasons below)

Further comments:

Specialist College: \_\_\_\_\_

Authorised Officer: Name: \_\_\_\_\_

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

Position: \_\_\_\_\_

College contact for further information: Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

**On completion of the assessment by the College this form should be sent to:**

**Registration  
NSW Medical Board  
PO Box 104  
GLADESVILLE NSW 1675**