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<http://www.racma.edu.au>  
email: [applications@racma.edu.au](mailto:applications@racma.edu.au)

**AFFIX  
PHOTOGRAPH  
HERE**

## **RACMA FELLOWSHIP TRAINING PROGRAM APPLICATION FOR CANDIDACY VIA STANDARD PATHWAY**

**Year of Commencing Candidacy:      2      0      1      9**

Suitably qualified doctors may apply for Candidacy in the RACMA Fellowship Training Program and train to become Fellows of the College.

The following pre-requisites of entry are required to be met:

- An undergraduate medical degree from a recognized Australian or New Zealand university, or equivalent
- Current general or specialist medical registration in Australia or New Zealand.
- Clinical (direct patient care) experience of at least three years full time equivalent in an Australasian health system, or one that is comparable.
- A suitable management position(s) (training post/s) that will provide Candidates with appropriate Supervised Workplace Experience and will allow Candidates to develop the relevant medical management competencies. Such positions/Training Posts will normally be in Australia or New Zealand and will require accreditation by the College.

*Note:*

- *This Application Form is only to be used by doctors who have a Medical Management position, which will also be their Training Post.*
- *Doctors who wish to apply for Candidacy, but do not currently have a Training Post – Please register your interest for applying for entry in the RACMA Fellowship Training Program by submitting the Expression of Interest Form (EOI) – Part A (available on the College website or contact the College Office at (03) 9824 469.*

Please see the [RACMA website](http://www.racma.edu.au) for further information.

Prior to completing this form, applicants should familiarize themselves with the requirements for Fellowship as outlined on the [RACMA website](http://www.racma.edu.au) and in the [College Handbook](#). Applicants should also familiarise themselves with policies of the College that may apply to the applicant when undergoing training, including [RACMA's Discrimination, Harassment, Bullying and Victimisation Policy](#). Candidates are required to pay annual and other fees associated with their training and membership. Please see the [College website](#) for a list of applicable fees.

Candidates are required to pay annual and other fees associated with their training and membership. Please see the [College website](#) for a list of applicable fees.

***Note: You will be invoiced the [Application Fee](#) which is non-refundable upon receipt of your completed application form and supporting documents.***

## Instructions

1. Complete all parts of this application form and sign the declaration (in [Part N](#) below)

Attach all relevant documents, as specified in the checklist (in

2. [Appendix 3](#) below)
3. Complete the Application for [Accreditation of Training Post](#) ((if applicable, see [Part F](#) below)
4. Confirm **3 Referees** have submitted their Referee Reports to RACMA **by the [due date](#)** as specified on RACMA website
5. Return this form and all accompanying documentation to the details below, **by the [due date](#)** as specified on RACMA website.

By post: Candidate Applications  
The Royal Australasian College of Medical Administrators  
Unit1/20 Cato St,  
Hawthorn East, VIC 3123

By email: [applications@racma.edu.au](mailto:applications@racma.edu.au)

**Candidacy Application Fee is payable upon receipt of invoice otherwise the College will not proceed with processing your application. Please refer to the website for [current fees](#).**

***Note: Candidacy Application Fee is non-refundable***

### **Note:**

- ❖ The College undertakes to acknowledge receipt of the application within 10 working days.
- ❖ Incomplete forms will not be assessed.
- ❖ Assessment of applications cannot commence until all required documentation has been received, including certified copies of qualifications and academic results, medical registration and referee reports. Scans of certified copies are acceptable. All documents must be received prior to the Application closing date to be considered.
- ❖ If you find the outcome of your application unsatisfactory, you may submit a request for reconsideration and review. Please see additional information on the College [Reconsideration, Review and Appeal of Decisions of the College Committees and Officers](#) policy.

### ***Part A: Personal Details***

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given names \_\_\_\_\_

Date of birth      D   D   M   M   Y   Y   Y   Y

Home Address \_\_\_\_\_

\_\_\_\_\_

Home email \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Are you an Aboriginal/Torres Strait Islander?

☐ No

☐ Yes, Aboriginal

☐ Yes, Torres Strait Islander

### ***Part B: Employment Details***

Current position title \_\_\_\_\_

Employer organisation \_\_\_\_\_

Work address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Work email \_\_\_\_\_

Direct Line Manager (if applicable)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Is this position to be your training post? ☐ Yes ☐ No

Please provide further details of your training post in [Part F:](#)

#### **➤ Preferred communication method:**

Postal address for correspondence ☐ Home ☐ Work

Email address for correspondence ☐ Home ☐ Work

### Part C: Educational Qualification

#### I. Qualifying Medical Degree:

➤ Please attach a copy of your degree certificate and transcript

Title

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University

---

Country

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Year of Graduation

Y

Y

Y

Y

#### II. Other Degrees or Diplomas (please provide details)

☐ Yes

☐ No

➤ Please attach a copy of your certificate(s)

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#### III. Fellowships:

Are you already a member of RACMA?

☐ No

☐ Yes, Associate Fellow

☐ Yes, Affiliate

Are you a member of another Medical College(s)?

☐ Yes

☐ No

If 'Yes', please provide details (College and year, membership type)

➤ Please attach a copy of your certificate(s)

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Are you currently undertaking training towards Fellowship of another medical College?

☐ Yes

☐ No

If 'Yes', which College(s):

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### Part D: Medical Registration

Are you currently registered as a Medical Practitioner in Australia or New Zealand ☐ Yes ☐ No

➤ If 'Yes', please attach a copy of your current certificate of registration

Registration number \_\_\_\_\_ Expiry date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Are there any restrictions/conditions on your registration? ☐ Yes ☐ No

➤ If 'Yes', please provide details:

### Part E: Professional Experience

Please **attach your most recent CV** to this application including:

- All positions held since internship
- For each position, its start and end dates (DD/MM/YYYY), Full time equivalent (FTE), and all clinical and medical management experience including the percentage of total time allocated to each category (managerial/clinical/teaching/other)
- Any publications (Note: RACMA Fellowship Training Program acknowledges only publications and research in Health Service Management)

**Note: It is a pre-requisite of the RACMA Fellowship Training Program for Candidates to have a minimum of 3 years of full time equivalent (FTE) clinical experience (direct patient care).**

For the purposes of meeting the Candidacy application requirements, please complete the table in [Appendix 2](#) in support of the 3-year period of your clinical experience at 1.0 FTE (47 weeks x 3). For NZ Candidates the 3-year period is 46 weeks x 3.

The College has adopted the Medical Board of Australia's definition of an academic year of 47 weeks (46 weeks for NZ Candidates). This period excludes annual leave but may include up to 2 weeks of professional development.

➤ If you have not yet met the minimum requirement of 3-year period of clinical experience, please provide a letter of support from your employer that you will be able to do so by the commencement of your training with RACMA.

## Part F: Training Post

A requirement of the RACMA Fellowship Training Program is that the Candidate completes the equivalent of three academic years full time supervised medical management experience in the workplace. This experience will be gained in an accredited training post during which time the Candidate will have a supervisor (usually their line manager) and a Preceptor allocated by the College.

The College accredits training posts within health service training organisations by assessing workplace information in the application form, accreditation form and confirming details at an accreditation site visit. Assessment includes supervision, infrastructure, support services and a comparison of the workplace experiential opportunities offered by the organisation against the competency requirements of the Fellowship Training Program.

Candidates who change their training post or employer/training organisation whilst still a Candidate in the Fellowship Training Program must ensure this new training post is, or will be, accredited by RACMA. If a training post is not accredited, Candidates may risk this time not being counted towards their RACMA Fellowship training.

Please see [RACMA website](#) for additional information.

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### (a) Training Post details (tick as appropriate):

☐ As in **Part B** above

☐ I will be in a position other than my current employment position (provide details):

Position \_\_\_\_\_

Employer organization \_\_\_\_\_

Work address \_\_\_\_\_

Work Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Work Email \_\_\_\_\_

Proposed Commencement date (DD/MM/YY) \_\_\_\_\_

### (b) Time fraction in position/training post

Total FTE \_\_\_\_\_ Clinical FTE \_\_\_\_\_ Managerial FTE \_\_\_\_\_

➤ ***Please note: 0.5FTE managerial experience is a required minimum for Candidacy via Standard Pathway and 0.4FTE for Candidacy via Clinical Specialist Pathway***

### (c) Additional information on position/training post

Location:	<input type="checkbox"/> City	<input type="checkbox"/> Rural	<input type="checkbox"/> Remote	
Industry sector:	<input type="checkbox"/> Public	<input type="checkbox"/> Private		
Sector type:	<input type="checkbox"/> Hospital	<input type="checkbox"/> Defence	<input type="checkbox"/> Research	<input type="checkbox"/> Teaching/ training
	<input type="checkbox"/> Government Dept. -Health	<input type="checkbox"/> Government Dept. – Non-Health	<input type="checkbox"/> Management consultancy	<input type="checkbox"/> Insurance/ Finance
	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> IT/ IS	<input type="checkbox"/> Tissue/Blood	<input type="checkbox"/> Law/ legal
	<input type="checkbox"/> Other:			

**(d) Supervisor details:**

Name \_\_\_\_\_

Position \_\_\_\_\_

Mobile \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Is your Supervisor currently a FRACMA? ☐ Yes ☐ No

If '**No**', is there a FRACMA in your work place to provide Secondary Supervision ☐ Yes ☐ No

➤ If '**Yes**', provide details below:

Name \_\_\_\_\_

Position \_\_\_\_\_

Mobile \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

➤ **Please attach the following supporting documentation:**

- A **Letter of Support** from your employer/future employer, confirming your:
  - Position/expected position
  - Extent of position (FTE) and time fraction
  - Expected duration of employment
- The most recent version of the **Position Description** and **Organizational Chart** of your Training Post.

**Accreditation of Training Post**

➤ *All successful applicants will need to have their Training Post accredited by RACMA.*

Please advise if your Training Post:

- ☐ has already been accredited by RACMA
- ☐ has been provisionally accredited by RACMA
- ☐ has not yet been accredited by RACMA

**Note: If your Training Post has not yet been accredited by RACMA, please attach a completed [Accreditation of Training Post Form](#) which is available on the College website.**

➤ *If you have any enquiries regarding Accreditation of your Training Post, please refer to the [website](#), or contact the College Office on +61 3 9824 4699.*

### Part G: Master's Program

Please provide details of the university Master's degree you have completed, commenced or propose to undertake:

Master's Program \_\_\_\_\_

University \_\_\_\_\_

Country \_\_\_\_\_ Year of Graduation/  
Expected Graduation Y Y Y Y

Master's Program status ☐ Proposed ☐ Commenced ☐ Completed

Masters courses recommended by RACMA and which meet the Fellowship Training Program requirements are [listed on the College website](#).

(a) Please indicate if your Master's Program is on that list ☐ Yes ☐ No

(b) If 'No':

➤ ***Please attach a detailed course outline, and include description of all units in line with [RACMA core subject area requirements for Master's Degree](#).***

I. If 'Commenced':

Please indicate which of the following RACMA Core Units you have enrolled/commenced:

- |   |  |
|---|--|
| <input type="checkbox"/> Health Law and Ethics          | <input type="checkbox"/> Epidemiology and Statistics |
| <input type="checkbox"/> Health Economics               | <input type="checkbox"/> Research Methodology        |
| <input type="checkbox"/> Health Care Systems            | <input type="checkbox"/> Leadership                  |
| <input type="checkbox"/> Financial Management in Health |  |

➤ ***Please attach evidence of enrolment in the relevant unit (s)***

II. If 'Completed':

Please indicate which of the following RACMA Core Units you have completed:

- |   |  |
|---|--|
| <input type="checkbox"/> Health Law and Ethics          | <input type="checkbox"/> Epidemiology and Statistics |
| <input type="checkbox"/> Health Economics               | <input type="checkbox"/> Research Methodology        |
| <input type="checkbox"/> Health Care Systems            | <input type="checkbox"/> Leadership                  |
| <input type="checkbox"/> Financial Management in Health |  |

➤ ***Please attach a certificate (if applicable) and a transcript of results***

***Please note: if you undertake a Master's Program that does not meet all RACMA core requirements, you may be required to complete additional Master's Units.***



### Part H: Credit Application for Master's Subjects

If an applicant has completed a subject, program or course that is of comparable learning and can be counted towards recognition of prior learning for the academic requirements of the RACMA Fellowship Training Program (FTP), he/she may apply for credit with the College. The award of academic credit is based on recognition of comparable learning for studies previously undertaken by the Candidate in a recognized university. Full or part credit for studies will only be awarded if the study has been completed **within 10 years** prior to the application of credit.

The application must be accompanied by supporting evidence and documentation for the recognition of an applicant's skills, knowledge and academic achievement obtained outside the RACMA Fellowship Training Program. Examples of supporting evidence and documentation: Transcript of Results /Certificate of Completion and subject/course description which includes learning objectives/outcomes (extracted from Course Handbooks).

*Note: Applicants are requested to submit their Application for Credit at the same time as their Application for Candidacy to avoid incurring an additional non-refundable administrative fee for late credit application. Please refer to the [website](#) for current fees.*

Are you seeking Credit?

☐ Yes    ☐ No

➤ If 'Yes', please complete the following:

Please indicate which of the following RACMA Core Units that you wish to request credit:

- |   |  |
|---|--|
| <input type="checkbox"/> Health Law and Ethics          | <input type="checkbox"/> Epidemiology and Statistics |
| <input type="checkbox"/> Health Economics               | <input type="checkbox"/> Research Methodology        |
| <input type="checkbox"/> Health Care Systems            | <input type="checkbox"/> Leadership                  |
| <input type="checkbox"/> Financial Management in Health |  |

Reasons for Application of Credit (Attach Any Supporting Documentation):

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Name of Comparable Program/Course/Subject (Attach Any Supporting Documentation):

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Name of Awarding Organisation/Institution (Attach Any Supporting Documentation):

\_\_\_\_\_ Year of Award: \_\_\_\_\_

### Part I: Credit Application for Research Training Domain

#### 1. Qualification and study details

Please indicate which of the following degrees/projects in Health Services Research you have completed which is the basis for this application for credit:

- ☐ Health service/health systems publications or reports
- ☐ Masters by Research
- ☐ PhD in health service/health systems
- ☐ Post-doctoral Research Project
- ☐ Other Research Project (Specify): \_\_\_\_\_

Title of thesis/research project/s:

\_\_\_\_\_

University (if applicable):

\_\_\_\_\_

Department: \_\_\_\_\_

Supervisor/s: \_\_\_\_\_

Year awarded (if applicable): \_\_\_\_\_

If published, please give details of title, publisher and year: \_\_\_\_\_

#### 2. Summary statement:

Attach a statement (no more than 300 words) outlining your research study and summarising how this research is relevant to the field of medical management within a health care setting. Indicate how your study contributes new knowledge to the field of medical administration. Provide copies of abstracts or publications if relevant.

#### 3. Candidate undertaking:

If you are granted credit, you may be exempt from some or all the following tasks within the Research Training Program:

- ☐ Research methods subjects in Master's Degree studies
- ☐ Research Induction Webinar and Assessment Task
- ☐ Research Proposal (HREA/LNR)

If granted full credit you will still be required to complete the following:

- ☐ Oral Presentation on Research Progress
- ☐ Written report summarising your project and providing some reflection on this scholarly activity. (4000 words)

'If I am granted Credit, I understand my obligations within the College's Research Training Domain, and the tasks I must complete to be eligible for Fellowship.'

### Part J: Awards/Honours:

Please provide details:

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Current honorary positions, e.g. board memberships:

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### Part K: Nomination of Preceptor

You will be allocated an appropriate Preceptor. If there is a Fellow of the College who you would like to nominate as your Preceptor, this will be considered by the Jurisdictional Coordinator of Training and be discussed with the person you have nominated, before a decision is made. The person you nominate must also have been trained as a Preceptor to be considered and should not be your direct supervisor.

Nominated Preceptor name \_\_\_\_\_

Position \_\_\_\_\_

Organization \_\_\_\_\_

Postal Address \_\_\_\_\_

Email \_\_\_\_\_

Work Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

### Part L: Referees

Please forward a copy of the RACMA Referee Report form to three referees. The form can be downloaded from the RACMA website under the '[How to Join ► Fellowship via Standard Pathway](#)' tab.

➤ **Note: Referees should be your direct line managers from your last and most recent 3 roles (preferably FRACMA).**

Once forms are completed, please ensure referees submit the reports directly to the College. This is the responsibility of the Applicant. **Your application will not be processed until all referee reports are received. Reports submitted with Candidacy applications will not be accepted.**

The College may contact referees for verification purposes. Please list nominated referees below:

1 Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

2	Name	_____	
	Address	_____	
		_____	
	Email	_____	
	Telephone	_____	Mobile _____
3	Name	_____	
	Address	_____	
		_____	
	Email	_____	
	Telephone	_____	Mobile _____

**Part M: Privacy and Consent Form**

RACMA is required to take reasonable steps to ensure that Applicants are aware of certain details including the purposes for which their personal information is collected and the organisations to which it may be disclosed.

**Please read the RACMA Privacy Notice and sign the Consent Form in [Appendix 1](#).**

**Part N: Declaration**

- I hereby apply for Candidacy with The Royal Australasian College of Medical Administrators. ☐
- I have read the online College Handbook and I acknowledge the requirements outlined for successful completion of the Fellowship Training Program. ☐
- I certify that the information supplied above and in the attachments is complete and correct ☐
- I will notify the College of changes to my personal or professional details and undertake to pay all fees by the due date. ☐
- I authorise the College to place my details on the College (Company) Register and to be passed on to my Jurisdictional Coordinator of Training ☐
- I acknowledge that the Fellowship Training Program should be completed within three years full time or part-time equivalent by approval of the Censor-in-Chief. ☐
- I acknowledge that as a Candidate I am required to comply with the College policies and regulations relating to my RACMA Candidacy and Membership ☐

Signature: ..... Date: .....

## Appendix 1: Privacy Notice

Personal information (including sensitive and health information) collected in this form or in connection with your RACMA membership will be used to assess and process your application, to administer your RACMA membership and to send you information about programs, services and events that may be of interest.

If you do not provide the personal information RACMA requires you to provide, RACMA may not be able to process your application or provide some or all of the benefits of RACMA membership.

The information RACMA collects about you may be disclosed to your nominated referees and previous employees or placements (for the purpose of assessing your application), to training settings and to individuals and organisations that provide training related services, to persons appointed to perform support, mentoring and assessment functions. Such information may also be disclosed to AHPRA and other regulatory bodies for regulatory purposes, to bodies carrying out credentialing or quality assurance activities, to hospitals or other organisations to which you apply for employment or accreditation, to organisations seeking to source expert advice or consultancy services, to organisations seeking to identify candidates for appointments and awards, to RACMA's external service providers (for example IT contractors and event organisers) and otherwise as required or authorised by law.

In particular, RACMA may collect information about a Candidate from the Candidate's training setting or supervisor, including information about the Candidate's progress, performance and conduct and other information relating to the Candidate's employment at the training setting.

If you are a Fellow or Associate Fellow, your name and the jurisdiction with which you are associated will be published on RACMA's website and in RACMA publications.

RACMA conducts activities in Australia, New Zealand and Hong Kong. Personal information collected in Australia about a RACMA member may be disclosed to a recipient in one of those countries. RACMA may be unable to ensure that the overseas recipient does not breach the Australian Privacy Principles in relation to such information.

For further information about privacy at RACMA, including information about how to access or correct your personal information and about how to make a privacy complaint, see RACMA's privacy policy at <http://tinyurl.com/l9y8kvg>.

### CONSENT AND ACKNOWLEDGMENT

I, ..... (name), an applicant for membership of the Royal Australian College of Medical Administrators ('RACMA'):

1. consent to RACMA collecting personal information about me from my nominated referees for the purpose of considering my application for membership;
2. consent to RACMA disclosing such information to the types of organisations described in the above Privacy Notice, for the purposes of considering my application and administering my membership of RACMA (including to a recipient in a country outside Australia, notwithstanding that RACMA may be unable to ensure that the recipient does not breach the Australian Privacy Principles in relation to the information);
3. state that any personal information about another individual (including a nominated referee, employer or emergency contact) that I have provided with this application is provided with that individual's knowledge and consent; and
4. acknowledge that I am not required to provide this consent and may revoke it at any time but understand that if my consent is not provided or is revoked, I may not obtain any or all the benefits of RACMA membership.

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

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

## Appendix 2: Clinical Experience

It is a pre-requisite of the RACMA Fellowship Training Program for Candidates to have a minimum of 3 years full time equivalent (FTE) clinical experience in direct patient care. The College has adopted the Medical Board of Australia's definition of an academic year of 47 weeks. This period excludes annual leave but may include up to 2 weeks of professional development.

- **Please note: if you have less than 3 years full time equivalent clinical practice, involving direct patient care, and have not met the pre-requisite of 3 X 47 weeks of clinical experience (3 x 46 weeks for NZ Candidates), please provide a letter of support from your employer that you will be able to do so by the commencement of your training with RACMA.**

Please complete the table below in support of the 3-year (47 weeks x 3) period of your clinical experience. Your CV should also clearly outline the required period of full time equivalent in clinical practice in an approved hospital, general practice and ambulatory locations.

Please list only those positions that will demonstrate the minimum required clinical time. *For example, if you had worked 0.6FTE in a health service for 3 years, of which 50% of your time was dedicated to clinical work, the total clinical FTE for this period would be  $0.6 \times 3 \times 50\% = 0.9\text{FTE}$ , or  $0.9 \times 47 \text{ weeks} = 42.3 \text{ weeks}$  of direct patient care experience.*

Position		Years in role	FTE	Clinical work (%)	Total clinical experience	
					FTE	number of weeks
Organisation						
Position						
Organisation						
Position						
Organisation						
Position						
Organisation						
Position						
Organisation						
Position						
Organisation						
Position						
Total clinical experience in direct patient care						

### Appendix 3: Accompanying Documentation

Please use the checklist below to verify you have attached all required information

Part	Accompanying Documentation	Attached	
	<b>General</b>		
	A recent photograph attached to the front page of this form	<input type="checkbox"/> Yes	
<b>C</b>	<b>Educational Qualifications</b>		
	Copy of your medical degree certificate	<input type="checkbox"/> Yes	
	Copy of your transcript of academic results in your medical degree	<input type="checkbox"/> Yes	
	Evidence of other relevant qualifications, e.g. certificate of Fellowship of another medical College, Master's degree or other post graduate qualifications	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>D</b>	<b>Medical Registration</b>		
	Copy of your current medical registration (Only Australian or New Zealand accepted)	<input type="checkbox"/> Yes	
<b>E</b>	<b>Recent Curriculum Vitae, including details of:</b>	<input type="checkbox"/> Yes	
	All positions from internship to the present date including time fractions, appointment dates / organisation, location and supervisor where relevant	<input type="checkbox"/> Yes	
	All clinical and administrative experience including the percentage of total time allocated to each category	<input type="checkbox"/> Yes	
	Any publications	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	Appendix 2 is completed	<input type="checkbox"/> Yes	
	Letter of Support from employer confirming minimum pre-requisite for clinical experience will be met by commencing training with RACMA	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>F</b>	<b>Training Post</b>		
	Most recent position description and organizational chart of current position	<input type="checkbox"/> Yes	
	Most recent position description and organisational chart of proposed training post (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	Letter of Support from employer/future employer	<input type="checkbox"/> Yes	
	A completed Accreditation of Training Post form with supporting documentations	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	Confirmation of Accreditation of your Training Post	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

<b>G</b>	<b>Master's degree</b>		
	Copy of your Health Management Master's degree certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	Copy of all the results to date	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	A detailed course outline and description of units undertaken	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>J</b>	<b>Awards/Honours</b>		
	Evidence of awards and/or honours you have received	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>H</b> Error! Reference source not found.	<b>Credit Request for Masters Units</b>		
	Attached supporting evidence	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>I</b>	<b>Credit Request for Research Training Domain (RTD)</b>		
	Attached supporting evidence	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>L</b>	<b>Referees</b>		
	Please confirm 3 referee reports have been, or will have been, submitted to RACMA by the application due date	<input type="checkbox"/> Yes	
<b>M</b>	<b>Privacy and Consent Form</b>		
	<b>Appendix 1</b> signed and dated	<input type="checkbox"/> Yes	
<b>N</b>	<b>Declaration</b>		
	Part N signed and dated	<input type="checkbox"/> Yes	