

	FORM AG
	<p>MEDICAL BOARD OF WESTERN AUSTRALIA</p> <p>COMPETENT AUTHORITY TRANSITIONAL ARRANGEMENTS</p> <p>APPLICATION FOR MEDICAL BOARD OF WESTERN AUSTRALIA LETTER FOR THE PURPOSES OF AWARDING THE AMC CERTIFICATE</p>

This application form is to be completed by International Medical Graduates (IMGs) registered with the Medical Board of Western Australia (the Board) with **more than twelve months employment in the Western Australian Health Care system**, who intend to apply for the AMC Certificate under the Transitional Arrangements.

APPLICANT DETAILS	
Family Name (surname)	
Given Name	
Registration Number	

CONTACT DETAILS		
Address		
Suburb/City		
State	Post Code	
Telephone Number		
Email Address		

I have reviewed the information available on the Competent Authority pathway and intend to apply for the AMC Certificate under the Transitional Arrangements.

I confirm that (tick boxes):

- I have attached a copy of my Advanced Standing Certificate, as proof of my eligibility for the Competent Authority pathway; and
- I hold current registration with the Medical Board of Western Australia; and
- I have been registered under supervision with the Medical Board of Western Australia for more than twelve months.

In order to progress with my application with the AMC, it is requested that the Board provide me with a letter for submission with my application to the AMC stating that:

- I have more than twelve months registration under supervision in Western Australia.
- there have not been any adverse independent or supervision reports relating to conduct, performance or impairment.
- I would qualify for renewal of registration based on the supervisor reports.

Signature:

Date:

The application form is to be forwarded to the Registration Section, Medical Board of Western Australia, PO Box 1437, Subiaco, WA 6904 or facsimile (08)9321 1744.