Vocational Preparation (AGPT) / Remote Vocational Training Scheme (RVTS) Pathway Completion of Training Application Form

First Name		**Last Name**	
Pathway	RVTS ☐ VPP(AGPT) ☐	**RTP Name (AGPT)**	
RTP/RVTS Enrolment Date			

Experience Summary

Graduated (University and date)		
Core Clinical Training 12 Months	*For training undertaken, provide date and name of training post/s*	**Or tick here if RPL awarded by ACRRM -** ☐ Date: ……
24 Months Primary Rural Remote Training	*For training undertaken, provide date and name of training post/s*	**Or tick here if RPL awarded by ACRRM -** ☐ Date: ……
Advanced Specialised Training	*For training undertaken, provide date, name of training post, and discipline*	**Or tick here if RPL awarded by ACRRM -** ☐ Date: ……
Date Passed RACGP Exam – (if applicable)	Copy of certificate attached: Yes ☐ No ☐	

4 x RRMEO Modules completed:	**Yes** ☐ **No** ☐	
Emergency Course 1	Name: Date	Copy of certificate attached: Yes ☐ No ☐ Copy of certificate on RRMEO: Yes ☐ No ☐
Emergency Course 2	Name: Date	Copy of certificate attached: Yes ☐ No ☐ Copy of certificate on RRMEO: Yes ☐ No ☐
Emergency Course 3	Name: Date	Copy of certificate attached: Yes ☐ No ☐ Copy of certificate on RRMEO: Yes ☐ No ☐
ACRRM Assessment – Completed:	**Yes** ☐ **No** ☐	**Verified:** **Yes** ☐ **No** ☐
Logbook required:	**Yes** ☐ **No** ☐	**Sighted:** **Yes** ☐ **No** ☐
Advanced Specialised Training Assessment (Summative) – Completed:	**Yes** ☐ **No** ☐	**Verified:** **Yes** ☐ **No** ☐

RTP – Medical Educator or ACRRM College Advisor Recommendations

The RTP/RVTS Statement of endorsement

Signed: ……. **Date:** ……

All supporting documents have been attached to this COT application	**Yes** ☐ **No** ☐
or have been uploaded to the Registrars Learning planner on RRMEO?	**Yes** ☐ **No** ☐

OFFICE USE ONLY:
VT Recommendation:
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Censor's Recommendation:
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