AOA Research Requirements: Recognition of Prior Learning (RPL) Application Form

To be used in combination with the AOA Flexible Training and Research Requirements Policies.

Please complete this form and return by email to research@aoa.org.au for processing.

Full name						
Stage of training		Intro		Core		TTP
Training region		NS SS	<u> </u>	NC QLD		VIC/TAS WA SA/NT
Research pathway for which exemption is sought		Project PhD Pat		. —		ırsework Pathway Part A ırsework Pathway Part B
Course type (coursework pathway only)		Graduat Graduat				☐ Masters Degree
Name of course (coursework pathway only)						
Institution details (coursework pathway only)						
Course commencement and completion dates						
Research project or name of study undertaken						
Did your project/study include any of the following subjects? Coursework pathway only Please note: a minimum of 2 of these subjects must have been completed in order to claim RPL.		Biostatis Researc	stics h Me	emiology thods sed Medici	ne	
Is the study directly relevant to orthopaedic surgery ?	If no	Yes o, please	□ provi	No de further	detai	ls of study:



Publication /
presentation details
(i.e. level of authorship,
journal name and impact
factor details, and name/
date of meeting where
research was presented).

Trainee Request for RPL

Please describe full details of course completed including type of study undertaken, study design, including your level of involvement in study (& any other relevant details).



Date

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Att	Attachment checklist								
The	following docur	ments (where relevant to your application) should be provided in or	rder						
to accompany your request for RPL:									
	Course outline, including subjects undertaken								
	Copy of evidence of completion of course								
	(i.e. an officion)	sial academic transcript showing course code, research project title (a)	and						
	Abstract or summary of research project or copies of assessment outcomes								
	Project Supervisor Report/s (if trainee's contribution is unclear)								
	Copy of any publications (specifying authorship details)								
	Meeting program showing meeting name and trainees name printed against								
	presentation	n title, including date and location OR letter from conference organ	nizer						
	Copy of prese	entation slides (where research has not been published or written up	p)						
Trainee Declaration: All information I have provided to support this application is true and correct. I authorise AOA to make any enquiries necessary to assist in the assessment and verification of this application, and to use any information supplied in this application for that purpose.									
Tra	ainee name								
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