

Application for a statement of eligibility for specialist
registration (CESR) under Article 14 of the General
and Specialist Medical Practice (Education, Training
and Qualifications) Order 2003.

**Please complete in block capital letters and black ink.
Any illegible forms will be returned.**

Date application received
Please stamp here
Office use only

1. PERSONAL DETAILS

YOUR PHOTOGRAPH MUST BE:

- In colour
- Passport sized
- Recent
- UK standard
(see www.passport.gov.uk)
- Stapled to this application

Please attach a coloured and recent passport photograph (45mm high x 35mm wide) to your application form with your full name printed on the reverse. If your application is successful this photograph is included on the front of your certificate. Any application provided with a photograph outside the requested requirements will be returned as an incomplete application.

Date of Birth (dd/mm/yyyy):

Title:

- Mr Mrs Miss Ms Dr. Prof.
 Other _____

Family/Last Name:

Forename (s):

Please provide the family name/last name and forename(s) by which you are known in the above sections. This should normally be the full name which appear(s) on your qualifications, registrations and other documentation. If your name has changed, please explain any discrepancies and validate this by providing a letter from your solicitor stating that you (in your full current name) are the same person named on the documentation that you are providing or evidence such as a marriage certificate etc.

Correspondence Address:

City:

Postcode:

Country:

You must provide full details (including city, postcode and country) of an address for correspondence where you can be easily contacted. PMETB will write to you at this address with its decision on your application and any original documentation that you provide will be returned to this address. It is therefore essential that you inform PMETB of any changes to your contact details.

**Main Contact
Telephone Number:**

Preferred Mode of Contact:

- Email letter

Please indicate whether you would prefer to be contacted by email, or by letter. PMETB will attempt to contact you by your preferred mode of contact where appropriate. We prefer written correspondence with applicants rather than telephone calls particularly if we need to confirm or clarify any part of your application and documentary evidence.

Email:

Please provide an email address at which you may be contacted for an immediate response to any queries by PMETB. You must also inform PMETB if you change your email address as we use this as the first point of contact with applicants.

Country of Citizenship:

**Spouse's Country of
Citizenship:**

Please indicate your country of citizenship and, if applicable, your spouse's country of citizenship, particularly if either of you are nationals of a European Member State.

2. SPECIALTY

In order to complete this section you must refer to section 2 of the Article 14 Guidance manual to ensure that you are applying under the correct route and that you meet the minimum requirements in order for your application to be considered. Please tick one of the following options:

Article 14(4)

My specialist training and/or qualifications are in a medical specialty contained in the CCT specialty list in Annex A of the Article 14 guidance.

Name of Speciality: <small>(not more than 2)</small>	i)
	ii)

Under Article 14(4) your training, qualifications and experience will be compared against the requirements of the specialty(ies) you have named. PMETB will normally require continuous training of at least six months if you do not have a specialist qualification.

OR

Article 14(5)

My specialist training and/or qualifications obtained **outside the UK** are in a medical specialty **NOT** listed in the CCT specialty list in Annex A of the Article 14 guidance.

Name of Speciality: <small>(not more than 2)</small>	i)
	ii)

Under 14(5) your training qualifications and experience (wherever obtained) will be compared with the knowledge and skill of a consultant in the National Health Service. PMETB will normally require continuous training of at least six months.

3. REGISTRATIONS

Please refer to section 4 of the Article 14 Guidance manual for information on the authentication of your certificates if these were not obtained in the UK.

UK General Medical Council Registration Number: <small>(if applicable)</small>		Certificate of Good Standing: <small>(if applicable)</small>	<input type="radio"/> Yes
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If you are registered with the GMC then please provide your current registration number and a copy of your certificate. This does not have to be authenticated as we will check your registration with the GMC. If you do not have GMC registration you must submit a Certificate of Good Standing (CGS), or, where appropriate, other evidence of your good standing. **Please refer to section 5 of the Guidance for further information on CGS's.**

Other Registration:		Country of Registration:	
Other Specialist Registration:		Country of Registration:	

Please provide an authenticated copy of your certificate of registration or your license to practice from the appropriate authority for the country where you currently or last worked if not in the U.K. You must also provide authenticated copies of your certificates of specialist registration which you have received in any country and your specialist registration details.

Have you ever been subject to any investigation and or any disciplinary action by a medical registering body / employer?:	<input type="radio"/> Yes	<input type="radio"/> No
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Please note you must tick either yes or no in the box provided in the application form, failure to do so will result in your application being delayed until this has been clarified. If yes, please give details. You must provide documentary evidence of the investigation and or disciplinary action as well as the final decision or outcome from these proceedings.

4. QUALIFICATION (S) Original or authenticated copies of qualifications required

Postgraduate Medical Qualification (Compulsory)

In order to complete this section you must refer to section 2 of the Article 14 Guidance manual to ensure that you are applying under the correct route and that you meet the minimum requirements in order for your application to be considered. Please tick one of the following options:

Primary Medical Qualification:		Year Awarded:	(mm/yyyy)
Name of Awarding University/Body:		Country of Awarding University:	

If you are not already registered with the GMC, you will at some stage have to provide them with details of your qualification for registration purposes if your application is successful.

Specialist Postgraduate Medical Qualification or Other Relevant Qualifications

Please state the name of the qualification, the name and address of the university/body which awarded the specialist qualification, and the date it was awarded. For specialist qualifications awarded outside the UK you must also provide evidence that this was awarded by competitive examination or by continual evaluation following a set syllabus. A definition of an acceptable qualification is provided in section 2 of the Article 14 guidance manual.

Name of Qualification:		Year Awarded:	(mm/yyyy)
Name of Awarding University/Body:		Country of Awarding University/Body:	
Address of Awarding University/Body:			
Name of Qualification:		Year Awarded:	(mm/yyyy)
Name of Awarding University/Body:		Country of Awarding University/Body:	
Address of Awarding University/Body:			
Name of Qualification:		Year Awarded:	(mm/yyyy)
Name of Awarding University/Body:		Country of Awarding University/Body:	
Address of Awarding University/Body:			
Name of Qualification:		Year Awarded:	(mm/yyyy)
Name of Awarding University/Body:		Country of Awarding University/Body:	
Address of Awarding University/Body:			

**Please complete in block capital letters and black ink.
Any illegible forms will be returned.**

5. POSTS HELD Use separate sheet if needed

You must provide details for all the posts you have held, in chronological order, starting with the most recent (regardless of the time spent in each post, these must not to be recorded as gaps in experience). Please print out additional sheets for this section of the application form if you require additional sheets. For each post please state the start date and finish dates (day, month and year), and whether this was undertaken as full time or part time employment.

Start Date (dd/mm/yyyy):	Finish Date (dd/mm/yyyy):	<input type="radio"/> Full Time	<input type="radio"/> Part Time
Details of Post:		Specialty:	
Name and City of Institution / Hospital:			
Name of Supervisor:			
Start Date (dd/mm/yyyy):	Finish Date (dd/mm/yyyy):	<input type="radio"/> Full Time	<input type="radio"/> Part Time
Details of Post:		Specialty:	
Name and City of Institution / Hospital:			
Name of Supervisor:			
Start Date (dd/mm/yyyy):	Finish Date (dd/mm/yyyy):	<input type="radio"/> Full Time	<input type="radio"/> Part Time
Details of Post:		Specialty:	
Name and City of Institution / Hospital:			
Name of Supervisor:			
Start Date (dd/mm/yyyy):	Finish Date (dd/mm/yyyy):	<input type="radio"/> Full Time	<input type="radio"/> Part Time
Details of Post:		Specialty:	
Name and City of Institution / Hospital:			
Name of Supervisor:			
Start Date (dd/mm/yyyy):	Finish Date (dd/mm/yyyy):	<input type="radio"/> Full Time	<input type="radio"/> Part Time
Details of Post:		Specialty:	
Name and City of Institution / Hospital:			
Name of Supervisor:			

5. POSTS HELD Use separate sheet if needed

You must provide details for all the posts you have held, in chronological order, starting with the most recent (regardless of the time spent in each post, these must not to be recorded as gaps in experience). Please print out additional sheets for this section of the application form if you require additional sheets. For each post please state the start date and finish dates (day, month and year), and whether this was undertaken as full time or part time employment. Examples of details of post and their level are SHO, Registrar, Staff Grade, District Medical Officer, Clinical Tutor, Assistant Professor, Resident etc. Do not amend any overseas job titles to correspond to UK titles. You will need to provide letters of employment for your posts held, particularly for the last five years. If documents relating to these posts are not in English, then an authenticated translation must be provided.

Start Date (dd/mm/yyyy):	Finish Date (dd/mm/yyyy):	<input type="radio"/> Full Time	<input type="radio"/> Part Time
Details of Post:		Specialty:	
Name and City of Institution / Hospital:			
Name of Supervisor:			
Start Date (dd/mm/yyyy):	Finish Date (dd/mm/yyyy):	<input type="radio"/> Full Time	<input type="radio"/> Part Time
Details of Post:		Specialty:	
Name and City of Institution / Hospital:			
Name of Supervisor:			
Start Date (dd/mm/yyyy):	Finish Date (dd/mm/yyyy):	<input type="radio"/> Full Time	<input type="radio"/> Part Time
Details of Post:		Specialty:	
Name and City of Institution / Hospital:			
Name of Supervisor:			
Start Date (dd/mm/yyyy):	Finish Date (dd/mm/yyyy):	<input type="radio"/> Full Time	<input type="radio"/> Part Time
Details of Post:		Specialty:	
Name and City of Institution / Hospital:			
Name of Supervisor:			
Start Date (dd/mm/yyyy):	Finish Date (dd/mm/yyyy):	<input type="radio"/> Full Time	<input type="radio"/> Part Time
Details of Post:		Specialty:	
Name and City of Institution / Hospital:			
Name of Supervisor:			

6. GAPS IN TRAINING OR EXPERIENCE Use separate sheet if needed

Please list any periods when you were not employed or contracted in a medical post during the period covered by the posts you have listed in Section 5 POSTS HELD. You must provide a brief explanation for each gap along with supporting documentary evidence to confirm this information such as a doctor's note, health report or a letter from your employer. Examples of gaps in experience might be; suspension from your employment, maternity leave, or a career break due to significant family circumstances such as you being the being the primary carer for a young, school-aged child or for a seriously ill partner or first degree relative. Chronic illness (physical or psychological) or disability for which local follow up is an absolute requirement as confirmed by an Occupational Health report. Your curriculum vitae should list any gaps in your experience and match this section of your application form.

ORDER OF EVIDENCE GUIDE

This chart has been provided in order to show the types of reoccurring evidence under each Good Medical Practice heading. These are taken from the generic guidance contained in the Article 14 guidance Help Sheet to assist you with providing a wide range of evidence. You will need to refer to the Specialty Specific Guidance of your specialty to provide further documentary evidence.

Presenting Your Application to PMETB	GMP1	GMP2	GMP3	GMP4	GMP5	GMP6
1a. Application Form						
1b. Curriculum Vitae	✓	✓	✓	✓	✓	✓
2. Proof of identity						
3. Registrations						
4. Qualifications	✓					
5. Training	✓					
6. Evidence and details of posts and duties	✓					
7. Logbooks and or records of daily clinical practice	✓	✓	✓			
8. Assessments and appraisals on the applicant			✓	✓	✓	✓
9. Teaching, training, appraising and assessing	✓					✓
10. Relationships with patients		✓	✓	✓	✓	
11. Working with Colleagues	✓	✓	✓	✓	✓	✓
12. Participation in departmental audit, service improvement, directorate and management meetings		✓	✓		✓	✓
13. CPD and relevant courses and conferences				✓	✓	
14. Research, publications and presentations	✓		✓	✓		

7. EVIDENCE SUBMITTED IN SUPPORT OF YOUR APPLICATION Validated copies of required

Please list all the items of supporting evidence that you are providing with your application under this section of the application form. You will need to refer to the Specialty Specific Guidance for your specialty (available on the PMETB website www.pmetb.org.uk) to see what evidence is suggested for inclusion with your application. If you are unable to provide any evidence under any of the headings provided please provide a brief explanation.

• **1a. Application form:**
fully completed in each section and evidence has been provided to support each section.

• **Proof of Identity:**
Must include a coloured passport photograph, a letter confirming changes to your name (if appropriate), **and** a copy of the page in your passport or national identity card which clearly shows your photograph. Please do not send your original passport to PMETB will not take responsibility for its return to you.

• **1b. Curriculum Vitae:**
As covered up-to-date and in chronological order.

• **3. Registrations:**
Please provide authenticated copies of your current registration including any overseas registrations and certificate of good standing.

4. Qualifications

- Authenticated copy of your PMQ certificate - compulsory
- Certificates of Specialist Postgraduate Medical Qualifications or other relevant qualifications/ examinations e.g. College/Faculty exams.
- If you have overseas qualifications please submit original or authenticated qualification(s) and the examination syllabi.

Please list your documentary evidence in the box provided:

5. Training

Evidence of training completed would include original or authenticated certificates and validated documentation of:

- Evidence of training posts and course/programme followed e.g. a curriculum or validated details of the programme of training
 - Training logbooks/portfolios, training assessments/appraisals forms (logbooks must not include patient names)
 - Evidence that training was recognised by relevant authorities such as Records of In Training Assessments [RITAs] from periods of UK training
- If you are unable to present any of the above information PMETB will accept a letter from the Hospital or Awarding Body on letterhead with an in depth explanation and outline of the curriculum undertaken at the time of your qualifications or training.

Please list your documentary evidence in the box provided:

6. Evidence and details of posts and duties

Evidence of experience would include the satisfactory completion of medical posts, including employer details, type of post, content of post and the standard and dates of achievement. This is best demonstrated by the following types of documentary evidence:

- validated employment record of each post with validated details including type of post, description of duties, number of cases and case mix.
- Letters of employment for all posts covering the totality of your career, including validated job descriptions and contracts of employment as detailed in your C.V.
- On-call rota details job plan/work programme and annual caseloads from last 5 years of practice
- Revalidation/appraisal portfolios and letters of approval for discretionary points (if applicable).

Please list your documentary evidence in the box provided:

7. Logbooks and or records of daily clinical practice for the last five years

- Logbooks must cover the cover the last five years and show the type of procedures performed, whether supervised, assisted or unassisted and that these were performed by the applicant (please do not include patients names and details as this contravenes the data protection requirements and cannot be submitted as evidence)
- Other records of daily clinical practice may include medical reports, case histories, referral letters, or patient lists and are outlined in the SSG for your specialty.
- Please provide consolidated / summary sheets for each logbook or case mix presented.
- Evidence of workload statistics/annual caseload statistics and rotas /timetables.

Please list your documentary evidence in the box provided:

8. Assessments and appraisals – for example

In addition to naming six referees, you might also wish to provide evidence from 360-degree feedback from a range of sources (including non-medical colleagues).

- Please provide appraisals/assessments covering the last five years
- workplace-based assessments, formal assessments / appraisals for the last 5 years
- 360 degree feedback
- RITA assessments from any UK training undertaken.
- Awards and or discretionary points letters (if applicable)

Please list your documentary evidence in the box provided:

9. Teaching, training, appraising and assessing – for example

- Participation in teaching, lecturing, and management over last 5 years supported by letters confirming role e.g. from Postgraduate Dean or academic head of department
- Evidence of attendance at relevant courses relating to this heading such as teaching appraisal courses, management and training the teacher.
- Feedback/ evaluation forms from students
- Teaching timetables showing the levels of staff and subject being taught by the applicant
- Letters from colleagues with reference to teaching, training, assessing and appraising staff.

Please list your documentary evidence in the box provided:

10. Relationships with patients

- Evidence / letters from specific cases (anonymised – please do not include patients names as this contravenes data protection requirements and cannot be submitted as evidence)
- Evidence of training and/or course in communication skills, patient consent
- Multi-source feedback (including feedback from patients or their families) or external or peer-review reports.
- Thank you letters/ Cards (last five years)
- Complaints and responses to complaints (last five years)

Please list your documentary evidence in the box provided:

11. Working with Colleagues

- Structured reports from supervisors and colleagues (nominated referees)
- Participation in management activities e.g. developing, delivering and managing high quality services including staff management supported by evidence from clinical director of equivalent
- Participation in multidisciplinary or clinical meetings
- Letters of appreciation from colleagues

Please list your documentary evidence in the box provided:

12. Participation in departmental audit, service improvement, directorate and management meetings

- Evidence of the different types of meeting attended for the last five years (front page only) to show involvement in departmental audits carried out, clinical governance, attendance at MDT meetings, including disciplinary and service improvement meetings.
- This evidence must clearly show your name and the level of your participation in the event.
- Each page presented must also be stamped by the relevant hospital and signed by someone who can attest to the event.

Please list your documentary evidence in the box provided:

13. Continuing professional development or medical education

- College or Hospital CPD registration letters, CPD certificates for the last five years or equivalent for overseas doctors
- Attendance at national/international conferences
- Membership of professional bodies and organisations (supported by evidence of membership certificates)
- This may include a letter or record validated by your Hospital of your CPD points or your College /Faculty if you are registered for CPD.
- For overseas doctors this would include certificates of attendance and courses attended in support of updating their skill base in your specialty
- Please list your CPD in chronological order on a separate page in your Curriculum Vitae and provide copies of your certificates for the last five years with your application.

Please list your documentary evidence in the box provided:

14. Research, publications and presentations

Evidence of having published research, patent designs or received research grants would be useful to PMETB including any theses undertaken as part of obtaining a specialist qualification. Please include a photocopy of the front page **only** of each of your publications and research for the last five years and list these in your Curriculum Vitae. All evidence presented that does not show evidence of publication must be validated by the hospital and signed by someone who can attest to this as true and factual. Presentations must also be verified by a validated or original letter confirming the purpose, audience and where the event took place, please do not send copies of the presentation slides these will not be accepted by PMETB.

Please list your documentary evidence in the box provided:

8. REFEREE LIST

Please refer to **section 5** of the Article 14 Guidance Manual for further information on selecting your referees.

FIRST REFEREE

(Must be your current Medical Director, Clinical Director or equivalent level e.g. Superintendent if overseas)

Title:	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Dr. <input type="radio"/> Prof. <input type="radio"/> Other _____		
Forename (s):		Surname:	
Job Title:		Telephone Number:	
Institution / Hospital:			
Postal Address:			
Postcode:		Country:	
Email:			

SECOND REFEREE

Title:	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Dr. <input type="radio"/> Prof. <input type="radio"/> Other _____		
Forename (s):		Surname:	
Job Title:		Telephone Number:	
Institution / Hospital:			
Postal Address:			
Postcode:		Country:	
Email:			

THIRD REFEREE

Title:	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Dr. <input type="radio"/> Prof. <input type="radio"/> Other _____		
Forename (s):		Surname:	
Job Title:		Telephone Number:	
Institution / Hospital:			
Postal Address:			
Postcode:		Country:	
Email:			

8. REFEREE LIST continued

FORTH REFEREE

Title:	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Dr. <input type="radio"/> Prof. <input type="radio"/> Other _____		
Forename (s):		Surname:	
Job Title:		Telephone Number:	
Institution / Hospital:			
Postal Address:			
Postcode:		Country:	
Email:			

FIFTH REFEREE

Title:	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Dr. <input type="radio"/> Prof. <input type="radio"/> Other _____		
Forename (s):		Surname:	
Job Title:		Telephone Number:	
Institution / Hospital:			
Postal Address:			
Postcode:		Country:	
Email:			

SIXTH REFEREE

Title:	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Dr. <input type="radio"/> Prof. <input type="radio"/> Other _____		
Forename (s):		Surname:	
Job Title:		Telephone Number:	
Institution / Hospital:			
Postal Address:			
Postcode:		Country:	
Email:			

9. SIGNATURE AND DECLARATION

I confirm that the information given on this form is true, complete and accurate and no information requested or other relevant information has been omitted.

I understand that my application to PMETB may be adversely affected if any information or documentation requested is not correct or is omitted. I have also included details of any investigation and or disciplinary action taken against me by a medical registering body.

I understand that any serious misrepresentation supplied with the intention to mislead may be reported to the GMC or my current registering body.

I agree that PMETB may seek any further information which it considers is relevant to my application for specialist registration, and that my personal details may be made available to a third party(ies), as required, for the purposes of evaluating my specialist training, qualifications and experience.

I enclose a cheque for the required amount, payable to **Postgraduate Medical Education and Training Board**, which represents the full amount of the fee that will be charged for dealing with my application. I understand that I will be liable for any charges in respect of processing this application and that this amount will be deducted from my fee, if I choose to withdraw my application.

I understand that if I do not provide all the information with full supporting documentation required together with a fully completed application form, PMETB will be unable to proceed with my application and my application together with the payment will be returned to me.

I also understand that before my application will be considered complete, PMETB may request additional documentation and all structured reports from my nominated referees must have been received.

I have submitted the following information and documentation, with my signed and completed application form (including the checklist).

Check list (you must provide the following):

- a) Application form completed (signed and dated),
- b) Passport sized photograph stapled to this form.
- c) Proof of identity.
- d) Certificate of Good Standing, if not registered with the GMC
- e) Original or authenticated evidence
- f) A completed list of Referees
- g) A full and current Curriculum Vitae
- h) A cheque for £1250 (Sterling), payable to **"Postgraduate Medical Education and Training Board"**.

Please post your application form and required documentation as outlined in the checklist to:

Article 14 Application
PMETB
Hercules House, Hercules Road
London SE1 7DU

You may contact PMETB on 0871 220 3070 or (+44) 0207 160 6100
Email: cct@pmetb.org.uk
Website: www.pmetb.org.uk

Your name must be included in the Specialist Register if you wish to practise as a substantive or honorary consultant in the NHS. Please indicate below if you would like your name to be included in the Specialist Register if your application is approved.

I apply to the Registrar of the GMC to include my name on the Specialist Register in my specialty(ies). Yes No

I understand that if my application is incomplete, there may be a significant delay before it can be considered.

Signature:

Date:

Please print your full name (title, first name and surname) in block letters below

Name: