**CPCL Academic Pathway**

To be eligible under the academic pathway you must fulfil the following criteria:

* Current membership of your selected National Group
* Successful completion of post-graduate Australian coursework master’s degree in the area of CPCL
* A minimum of 2.0 years FTE clinical experience in the CPCL field with evidence of exposure to a varied caseload of conditions relevant to the CPCL sub-stream(s) across health sectors and evidence of work in a team-based environment.
* Address the following areas:
	+ Leadership: e.g. leading team meetings, committee involvement
	+ Advocacy: e.g. committees, policy involvement, case discussion, mentoring
	+ Teaching: e.g. conferences, in services, educational resource compilation
	+ Research: e.g. publications in the area of CPCL, engagement with other researchers

**CPCL Experiential Pathway**

To be eligible under the experiential pathway you must fulfil the following criteria:

* Current membership of your selected National Group
* A minimum of 7.0 years FTE clinical experience
* A minimum of 3.0 years FTE clinical experience in the CPCL field with evidence of exposure to a varied caseload of conditions relevant to the CPCL sub-stream(s) across health sectors and evidence of work in a team-based environment.
* A minimum of 100 hours of relevant education in the past five years, with at least 50%[[1]](#footnote-1) being in the CPCL field, relevant to the sub-stream/s in your application.
* Address the following areas:
	+ Leadership: e.g. leading team meetings, committee involvement
	+ Advocacy: e.g. committees, policy involvement, case discussion, mentoring
	+ Teaching: e.g. conferences, in services, educational resource compilation
	+ Research: e.g. service evaluation, outcome measures, quality improvement, engagement with researchers, collaboration in clinical research in the area of CPCL

**Instructions**

* **Please type your answers**. Handwritten applications will not be accepted. Applications that are not completed correctly, or contain insufficient detail will be returned
* All questions must answered on the application form provided
* Additional pages and/or rows in tables can be included where more space is required.
* The grey text is there as a guide only. As you progress through the form your own responses should take place of any text grey text.
* Academic pathway - please complete sections 1, 2, 4 & 5
* Experiential pathway - please complete sections 1, 3, 4 & 5
* A non-refundable fee of $135 (GST inclusive) must be enclosed with your application. This fee assists to cover the costs associated with assessing the application as well as developing and maintaining the Title Program. Please make sure you have downloaded and completed the payment form from our website.
* Submit your application as a word document or pdf file via email to ngtitle@physiotherapy.asn.au
* Successful applicants who satisfy all the requirements will be formally granted title, and will be notified via email.

**Checklist**

Before sending your application please ensure that you have:

[ ]  Typed your answers and included sufficient detail

[ ]  If applying through the academic pathway - provide transcripts via My eQuals or post in a certified transcript.

[ ]  If applying for the Lymphoedema title, provided evidence of current membership of the Australasian Lymphology Association National Lymphoedema Practitioners Register (NLPR) or demonstrate that you are able to meet the criteria

[ ]  Included the contact details and signatures of your two nominators (one physiotherapist and one non-physiotherapist)

[ ]  Included the contact details of a referee who can verify your professional experience

[ ]  Completed the declaration and authorisation section

[ ]  Enclosed the completed payment form ($135 processing fee)

**Please retain a copy of your application**, in the event that facts provided are questioned the APA reserves the right to request a copy of your original application. The APA further reserves the right to withdraw the title, and refer onto the National Professional Standards Panel if false or misleading information has been provided.

**Please note** applications will be stored on the APA database. Credit card details will be securely disposed of within 4 weeks of an applicant being notified of their result.

All information provided on this form is subject to the APA Privacy Policy, which is available at [www.physiotherapy.asn.au](http://www.physiotherapy.asn.au). When you receive a titled credential, the APA may publish your name and titled credential for members or the public.

**How to submit your application**

Email completed applications to ngtitle@physiotherapy.asn.au. (WORD document preferred)

If needed, post completed applications or supporting documentation to:

The Title Program

Australian Physiotherapy Association

PO Box 437

HAWTHORN BC

VIC 3122

**Section 1. Personal Details**

|  |  |
| --- | --- |
| **Name** | <ENTER FULL NAME> |
| **Address** | <ENTER ADDRESS> |
| **Mobile** | <ENTER MOBILE NUMBER> |
| **Email** | <ENTER EMAIL ADDRESS> |
| **National group membership** | <ENTER RELEVANT NATIONAL GROUP TO THE TITLE> |
| **Title** | <TICK ONE OR MORE BOX/ES TO INDICATE WHICH SUB-STREAM/S YOU ARE APPLYING FOR>[ ]  Cancer[ ]  Palliative Care[ ]  Lymphoedema  |
| **Application Pathway** | <ACADEMIC/EXPERIENTIAL> |

**ACADEMIC PATHWAY**

**Section 2. Qualifications and experience**

|  |  |
| --- | --- |
| **University** | <ENTER UNIVERSITY NAME> |
| **Qualification** | <ENTER NAME OF COURSEWORK MASTERS QUALIFICATION> |

1. Provide your Australian post-graduate master’s degree. There are two methods available, please select one:
	* If your institution has My eQuals available, please provide a secure link to your certificate in the box below:

|  |  |
| --- | --- |
| **My eQuals link:**  |  |

* Post a certified copy of your postgraduate Master’s Academic transcript endorsed with signature and dated. (A certified copy is a copy of a primary document that is endorsed, stating that it is a true copy of the primary document. It certifies that the primary document and the copy are genuine. Documents can be certified by a person who is authorised as a witness for statutory declarations.) Please click [here](https://www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents.aspx) to see a list.
1. How many years of full time equivalent (FTE) clinical experience have you had?

|  |  |
| --- | --- |
| **\*Full time equivalent (FTE) clinical experience\*** | <ENTER NUMBER OF YEARS> |

\*Two years FTE is equivalent to 3,496 hours, which is based on 46 working weeks per year at 38 hours per week.

1. **Lymphoedema sub-stream only:** If you are applying for the Lymphoedema sub-stream please provide evidence of current membership of the Australasian Lymphology Association National Lymphoedema Practitioners Register (NLPR), or provide evidence to demonstrate that the criteria for accreditation with the NLPR would be met.

|  |  |
| --- | --- |
| **ALA NLPR***Please tick one box* | [ ]  I am registered and evidence is provided [ ]  I am not registered but am eligible - please complete Appendix 1 in addition to the relevant sections of the application form |

1. Please explain how:
2. You have been exposed to a variety of cases with CPCL conditions across health sectors.

<ENTER RESPONSE HERE MAX 1 PAGE >

1. You have engaged in some level of team-based work, or identify other health professionals who you regularly engage with.

<ENTER RESPONSE HERE MAX 1 PAGE >

1. Please outline below how you have addressed the following areas during your career. Refer to page 1 for more details on what can be included in this section.
2. Leadership:

<ENTER RESPONSE HERE MAX 1 PAGE >

1. Advocacy:

<ENTER RESPONSE HERE MAX 1 PAGE >

1. Teaching:

<ENTER RESPONSE HERE MAX 1 PAGE >

1. Research:

<ENTER RESPONSE HERE MAX 1 PAGE >

1. Please go to sections 4 & 5

**EXPERIENTIAL PATHWAY**

**Section 3. Experience and professional development**

1. How many years of full time equivalent (FTE) clinical experience have you had? 1 year FTE is equivalent to 1,748 hours, which is based on 46 working weeks per year at 38 hours per week.

<ENTER NUMBER OF YEARS>

1. **Lymphoedema sub-stream only:** If you are applying for the Lymphoedema sub-stream please provide evidence of current membership of the Australasian Lymphology Association National Lymphoedema Practitioners Register (NLPR), or provide evidence to demonstrate that the criteria for accreditation with the NLPR would be met.

|  |  |
| --- | --- |
| **ALA NLPR***Please tick one box* | [ ]  I am registered and evidence provided[ ]  I am not registered but am eligible - please complete Appendix 1 in addition to the relevant sections of the application form |

1. Please outline your professional experience for 3 years FTE equivalent related to your selected discipline in the table below.
* Duration of your employment
* Number of hours you worked on a weekly basis
* The practice name
* Your employer’s contact number and position at the organisation
* The percentage of this practice that is relevant to your **selected discipline**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Duration** | **Hours** | **Practice Name** | **Employer Position and Contact** | **Area of Practice & Relevance to Title** | **Discipline Hours** |
| E.g. May 2018 – May 2019 | 38 hours per week × 46 weeks= 1,748 | John Smith Physiotherapy | John SmithHead Physiotherapist0400 123 123 | Team physiotherapist for football club.100% sports | 1,748 sports hours |
| E.g. June 2018 – December 2018 | 38 hours per week × 28 weeks= 1,064 | Private Practice | John DoePrincipal Practitioner0400 123 123 | Private clinician.50% sports | 532 sports hours |

Please add rows as required.

1. For the work history outlined above, please explain how:
2. You have been exposed to a variety of cases with CPCL conditions across health sectors.

<ENTER RESPONSE HERE – MAX 1 PAGE>

1. You have engaged in some level of team-based work, or identify other health professionals who you regularly engage with.

<ENTER RESPONSE HERE - MAX 1 PAGE >

1. Experiential candidates are required to accrue 100 hours of relevant education of the preceding 5 years, with at least 50% of these hours being in the CPCL field. If you are applying for two sub-streams, a minimum of approximately 30% should relate to each sub-stream. List all relevant continuing professional development (CPD) courses, conferences (e.g. APA, WCPT, COSA, ALA, ILF, ISL, PCA), and other CPD activities completed If you are able, please provide up to 3 documents such as certificates of completion etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Activity** | **Activity Provider** | **CPD Hours** |
| E.g. 06/01/2017 | APA Sports Level 1 Course | The Australian Physiotherapy Association | 17 |
|  |  |  |  |
|  |  |  |  |

Please add rows as required.

1. Please outline below how you have addressed the following areas during your career. Refer to page 1 for more details on what can be included in this section.
2. Leadership:

<ENTER RESPONSE HERE – MAX 1 PAGE >

1. Advocacy:

<ENTER RESPONSE HERE – MAX 1 PAGE >

1. Teaching:

<ENTER RESPONSE HERE – MAX 1 PAGE >

1. Research:

<ENTER RESPONSE HERE – MAX 1 PAGE >

**ALL APPLICANTS – ACADEMIC AND EXPERIENTIAL**

**Section 4. Nominator and referee details**

**4a. Physiotherapist Nominator**

|  |  |
| --- | --- |
| **Name** | <ENTER FULL NAME> |
| **Address** | <ENTER ADDRESS> |
| **Mobile** | <ENTER MOBILE NUMBER> |
| **Email** | <ENTER EMAIL ADDRESS> |
| **Relationship to Applicant** | <PEER/EMPLOYER/OTHER> |

Signed (Nominator): Date:

**4b. Non-physiotherapist Nominator**

|  |  |
| --- | --- |
| **Name** | <ENTER FULL NAME> |
| **Address** | <ENTER ADDRESS> |
| **Mobile** | <ENTER MOBILE NUMBER> |
| **Email** | <ENTER EMAIL ADDRESS> |
| **Relationship to Applicant** | <CLIENT/FRIEND/OTHER> |

Signed (Nominator): Date:

**4c. Referee details**

|  |  |
| --- | --- |
| **Name** | <ENTER FULL NAME> |
| **Address** | <ENTER ADDRESS> |
| **Mobile** | <ENTER MOBILE NUMBER> |
| **Email** | <ENTER EMAIL ADDRESS> |
| **Relationship to Applicant** | <CLIENT/FRIEND/OTHER> |

**Section 5 Authorisation & delaration**

[ ]  I authorise representatives of the Australian Physiotherapy Association to contact any institution(s) or person(s) mentioned in this paper for information in relation to my application.

[ ]  I declare that the information contained in this application is true and correct.

**Applicant**

Signed: ………………………………………………………………….

Name: …………………………………………………………………. Date: ………………..

**Witness**

Signed: ………………………………………………………………….

Name: …………………………………………………………………. Date: ……………….

**Appendix 1. Lymphoedema sub-stream only – applicants that are not NLPR members**

For applicants who are not NLPR members, please outline in the following sections that you are able to meet the eligibility criteria for NLPR membership in the table below.

1. Post-graduate or equivalent training in lymphoedema treatment and management – please complete the details below and provide a copy of the completion certificate or equivalent

|  |  |
| --- | --- |
| **Course name** |  |
| **Provider / organisation** |  |
| **Date completed** |  |

1. Please outline evidence of 50 points of lymphoedema continuing professional development or professional activity[[2]](#footnote-2) in the previous two years in the relevant categories below (only fill outyou do not need to . Please note: completion of either the above course in the previous two years is sufficient to fulfil this requirement.

|  |  |
| --- | --- |
| **Categories** | **List** |
| Workshop, face-to-face training15 points / dayMax 30 points per 2 years | Course name, provider, hours, date |
| Lecture, webinar or similar2 points / hour - lecture/webinarMax 30 points per 2 years | Course name, provider, hours, date |
| Private study – reading journal articles, professional newsletters, or similar1 point /hour Max 30 points per 2 years | Article name (if journal), publication name, issue, publisher, hours, date |
| Development of new program, tools, education brochure or similar1 point / hourMax 30 points per 2 years metroMax 40 points per 2 years – rural /regional, part-time, mat leave | Briefly describe: name, purpose, hours, approximate date (month/year) |
| Mentoring or supervision – please note which of these any mentoring or supervision relates to:* lymphoedema practitioners
* broad professional basis
* work re-entry to lymphoedema practice

1 point / hourMax 20 points per 2 years – lymphoedema practitionersMax 10 points per 2 years – broad professional basisMax 30 points per 2 years – work re-entry to lymphoedema practice | Role mentored, hours, approximate date or time period (month/year) |
| Professional activities that contribute to lymphoedema awareness & treatment. This may include professional association, state, national or international activities. Please note the organisation and role, examples may include:* elected office bearer
* convenor
* chair of sub-committee
* member of project team or sub-committee

3 points / hourMax 6 points per 2 years | Role including discipline area, organisation, time period (month/year) |

1. If you are applying for two or more sub-streams, a minimum of approximately 30% should relate to each sub-stream [↑](#footnote-ref-1)
2. Adapted from The Australasian Lymphology Association’s National Lymphoedema Practitioner’s Register, ‘Category 1’, June 2016, ALA – please refer to this document for further details [↑](#footnote-ref-2)