**Academic Pain Pathway**

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

* Successful completion of Sydney University’s Master of Science in Medicine (Pain Management)
* A minimum of 2.5 years FTE of clinical practice, with evidence of exposure to a varied caseload of pain conditions (from acute to chronic) 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. accumulating statistics at work, engagement with other researchers

**Experiential Pain Pathway**

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

* A minimum of 7.5 years FTE clinical experience
* A minimum of 2.5 years FTE clinical experience in the pain field with evidence of exposure to a varied caseload of pain conditions (from acute to chronic) 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 being in the pain field
* 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. accumulating statistics at work, engagement with other researchers

**Instructions**

**Please type your answers**. All questions should be answered on the application form provided. Additional pages and/or rows in tables can be included where more space is required.

Submit your application as a word document or pdf file via email to ngtitle@physiotherapy.asn.au. Include any supporting documentation such as transcripts, professional development certificates or employment records as separate, appropriately named files. Please note that **those who do not have My eQuals available will need to post a certified hard copy transcript.**

Facsimile or handwritten applications will not be accepted. Applications that are not completed correctly will be returned.

Successful applicants who satisfy all the requirements of this application will be formally granted title.

A non-refundable fee of $135 (GST inclusive) must be enclosed with the application form. This fee assists to cover the costs associated with assessing the application as well as developing and maintaining the Title Program.

**Checklist**

Before posting your application please ensure that you have:

* Typed your answers and included sufficient detail
* Enclosed the completed payment form ($135 processing fee)
* Provided a **certified copy** of your academic transcript either through My eQuals or traditional certification (if applicable)
* Completed the declaration and authorisation section
* Included the contact details of a referee who can verify your professional experience
* Included the contact details and signatures of your two nominators (one physio and one non-physio)

**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 securely destroyed 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, we may publish your name and titled credential for members or the public.

Please tick here if you do not authorize the sharing of your information

Please tick here if you require your application or supporting documents returned

Email completed applications to ngtitle@physiotherapy.asn.au.

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> |
| **APA Member ID** | <ENTER APA MEMBERSHIP NUMBER> |
| **Address** | <ENTER ADDRESS> |
| **Mobile** | <ENTER MOBILE NUMBER> |
| **Email** | <ENTER EMAIL ADDRESS> |
| **Title** | <ENTER TITLE YOU ARE APPLYING FOR> |
| **Application Pathway** | <ACADEMIC/EXPERIENTIAL> |

If you are applying for the Academic pathway **please attach a certified copy of your transcript for Sydney University Masters of Science in Medicine (Pain Management).** 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 is genuine, and that the copy provided is true.

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.

**Section 2. Nominator Details**

**2a. Physiotherapist Nominator**

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

Signed (Nominator): Date:

**2b. 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:

**Section 3. Professional Experience**

How many years of full time equivalent (FTE) clinical experience have you had?

<ENTER NUMBER OF YEARS>

Academic candidates are reminded that they need to have accrued 2.5 years FTE, clinical practice, and experiential candidates 7.5 years FTE (with 2.5 years FTE in the pain field). Please note that 1 year FTE is equivalent to 1,748 hours, which is based on 46 working weeks per year at 38 hours per week.

Please outline your professional experience in the table below. List the:

* Duration of your employment
* The number of hours you worked on a weekly basis
* The practice name
* Your employer’s contact number and position at the organization

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Duration** | **Hours** | **Practice Name** | **Employer Position and Contact** | **Area of Practice & Relevance to Title** | **Discipline Hours** |
| E.g. June 2016 – December 2016 | 38 hours per week × 28 weeks= 1,064 | Private Practice | John DoePrincipal Practitioner0400 123 123 | Private clinician.50% pain caseload | 532 pain hours |

**\*Please add rows as required.**

3a. For the work history outlined above, please explain how:

1. You have been exposed to a variety of cases, with pain conditions ranging from acute to chronic.

<ENTER RESPONSE HERE>

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

<ENTER RESPONSE HERE>

3b. 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.

1. Leadership:

<ENTER RESPONSE HERE>

1. Advocacy:

<ENTER RESPONSE HERE>

1. Teaching:

<ENTER RESPONSE HERE>

1. Research:

<ENTER RESPONSE HERE>

**Section 4. Professional Development**

List all relevant continuing professional development (CPD) courses, conferences (APA, APS, IASP, WCPT, IFOMPT), and other CPD activities completed.

Academic candidates are required to accrue 20 CPD hours over the last twelve months.

Experiential candidates are required to accrue 100 hours of relevant education of the preceding five years, with at least 50 of these hours being in the pain discipline.

|  |  |  |  |
| --- | --- | --- | --- |
| **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.**

**Authorisation**

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.

Signed:

Name: Date:

**Declaration**

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

Signed (applicant): Date:

Signed (witness): Date: