



**Application for Recognition of Practical Competence
 Training in Neurophysiology FORM 21**

Please return Application to:

ANTA Inc. Education Representative

education.anta@gmail.com

This form is to be used to apply for recognition of practical training in Neurophysiology. The usual candidate for this application may not have a formal credential in Neurophysiology but may have informal training and/or in-house workplace training in Neurophysiology Competence that can be deemed acceptable by ANTA Inc.

This application will be assessed in accordance to the 'Accepted Practical Guidelines for Competence Training Courses as Approved by ANTA'

*If your informal training **was not done under a Registered Training Organisation (RTO) or Health Education and Training Institute (HETI)** your application will still be considered on a case by case basis providing sufficient evidence is provided.*

All evidence provided should be in written form and sent to ANTA Inc Education Representative at education.anta@gmail.com . Either hard copy or electronic will be accepted. Contact the Education Representative via email if you wish to send hard copies via post.

Applicant Details

INFORMATION			
Surname:	First name:	Telephone:	
Organisation:			Fax:
Address:	Email:		
City:	State:	Post Code:	Country:

Candidate's Name: _____

Training Organisation or Workplace

NB: Many large teaching hospitals are RTO or HETIs

I wish to apply for Recognition of Practical Competence for my training at

(place of training)

Training Period

My training programme was for the duration of _____

(years/months)

From: _____ to: _____

(start date)

(end date)

NB: Your training programme must be at least 12 months to be eligible

Was (is) your place of training an RTO or HETI?

Yes /No *(please circle)*

Evidence 1: Please provide evidence your place of training is an RTO or HETI

My current place of work: _____

Areas of Neurophysiology Practical Competence Training

In which areas of Neurophysiology do you wish to be recognized as practically competent?

EEG

BAEP

VEP

SSEP

NCS

Do your practical competence skills in which you have indicated above align with ANTA Inc Competency Statements?

Yes /No *(please circle)*

Refer to ANTA Inc Competency Statements available on the ANTA Inc website – Professional Documentation

Candidate's Name: _____

Your Training Programme

Evidence 2: Please provide evidence of your training programme.

Evidence of your training programme should be in written form (hard copy or electronic) giving a clear outline of all learning outcomes required to complete the individual programme.

NB: Your training programme will be assessed in alignment with the appropriate ANTA Inc. Competency Statement.

Your Workplace Training Assessment

The following questions relate to the period in which you were training and wish to gain recognition of Practical Competence

Who was (is) your workplace training supervisor during your training programme?

Name of workplace training supervisor: _____

Is your workplace supervisor also your main trainer? Yes /No *(please circle)*

If NO please state the name of your main workplace trainer: _____

Your Practical Assessor Name and Credentials

Evidence 3: Please provide your assessor's credentials by means of Assessor Declaration Form 21a provided below. See form 21a for Assessor Declaration.

NB: In accordance to the *Guideline for Clinical Neurophysiology Competency Assessors (ANTA Inc. 2018)* the assessor must

- Hold certificate IV in Teaching and Training (or equivalent)

AND

- Hold postgraduate Certificate/Diploma in Clinical Neurophysiology **and** ANTA endorsed Practical Competence in Performing EEG

OR

- Hold Bachelor of Science or Biomedical/Medical Science with major components of human anatomy and physiology (or equivalent) **and** hold ANTA endorsed Practical Competence in Performing EEG

The assessor also must

- must have a minimum of 5 years of experience
- be an accredited member of ANTA Inc
- NOT be a person from your workplace

NB: If your Practical Assessor **was** from your workplace your application will still be considered on a case by case basis providing sufficient evidence is provided. Original copies of your assessments may be requested.

Candidate's Name: _____

Your Workplace Assessment

The following question relates to the format of your workplace training assessment.

For each core competency (area of knowledge) did your workplace training assessment include the following? *(please circle Yes or No)*

- 1. Written assessment on knowledge Yes/No
- 2. Practical competence assessment in performing the test Yes/No
- 3. Portfolio of experience Yes/No

Evidence 4: Please provide a written report from your assessor covering the above areas of assessment format.

Applicant's Declaration:

I, _____ declare the above information to be true and correct to the best of my knowledge.
(name of applicant)

Office use
Education Representative:

Application Received: _____ *Reply Sent:* _____



**Application for Recognition of Practical Competence
Training in Neurophysiology
Assessor's Declaration FORM 21a**

Candidate applying for Recognition of Practical Competence training in

Neurophysiology: _____
(candidate's name)

Assessor Name: _____

Professional Qualifications: _____

Place of Employment: _____

Title / Role: _____

Experience*(years): _____

Accredited ANTA Member: Yes / No *(please circle)*

Please provide supporting documentation of your Assessor's credentials.
(Evidence 3)

In accordance to the *Guideline for Clinical Neurophysiology Competency Assessors (ANTA Inc. 2018)* the assessor must

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AND
- Hold postgraduate Certificate/Diploma in Clinical Neurophysiology **and**
ANTA endorsed Practical Competence in Performing EEG
OR
- Hold Bachelor of Science or Biomedical/Medical Science with major
components of human anatomy and physiology (or equivalent) **and**
hold ANTA endorsed Practical Competence in Performing EEG

The assessor also must

- have a minimum of 5 years of experience
- be an Accredited member of ANTA Inc.
- NOT be a person from your workplace

Assessor's Declaration Form 21a (cont)

I _____ declare the above candidate
(assessor's name)

_____ has undertaken a practical competence
(candidate's name)

assessment in the following areas of Neurophysiology under examination conditions.

EEG

BAEP

VEP

SSEP

NCS

I have provided the candidate with a report of their practical examination.

Yes /No (please circle)

Signed: _____ Date: _____
(Assessor's signature)