

Committee for Specialist International Medical Graduate Education (CSIMGE)

Substantial Comparability Pathway

Supervisor and Employer - End of Placement Declaration Form



The Royal
Australian &
New Zealand
College of
Psychiatrists

Supervisor name	
Telephone	Work telephone:
	Mobile:
Email address	

Employer name	
Telephone	Work telephone:
	Mobile:
Email address	

DECLARATION BY SUPERVISOR AND EMPLOYER

We _____ (**Supervisor's name**) and
_____ (**Employer's name**) declare that
_____ (**Candidate's name**) has
satisfactorily completed the Substantial Comparability Pathway placement period of 12 months Full Time Equivalence.
We are satisfied that all the requirements of the Substantial Comparability Pathway placement have been met and all
workplace based assessments satisfactorily completed.

Supervisor signature _____ Date ____/____/____

Employer signature _____ Date ____/____/____

On completion, all pages of this form must be returned to:

Specialist International Medical Graduate Education

EMAIL: comparability@rancp.org

FAX: 03 9642 5652 or

POST: 309 La Trobe St Melbourne VIC 3000