



Form 3: Application for Annual Recertification

Application and Recommendation for Recertification by Candidate's Supervisor
(Where **not** proposed for recertification, a report detailing the circumstances must be attached)

The candidates have maintained competence and successfully completed an annual proficiency test as determined by this jurisdiction and are recommended for recertification for a further period of 12 months.

Candidate Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>	
Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>	
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>	
Provider:	<input type="text"/>			
Result:	<input type="text"/>			
Were the candidate's test results provided directly to the provider?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was this test completed by the candidate as an internal proficiency test?	<input type="checkbox"/>	Yes*	<input type="checkbox"/>	No

Candidate Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>	
Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>	
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>	
Provider:	<input type="text"/>			
Result:	<input type="text"/>			
Were the candidate's test results provided directly to the provider?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was this test completed by the candidate as an internal proficiency test?	<input type="checkbox"/>	Yes*	<input type="checkbox"/>	No

Candidate Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>	
Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>	
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>	
Provider:	<input type="text"/>			
Result:	<input type="text"/>			
Were the candidate's test results provided directly to the provider?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was this test completed by the candidate as an internal proficiency test?	<input type="checkbox"/>	Yes*	<input type="checkbox"/>	No

* Please include copies of proficiency test results for candidates who have completed an internal proficiency test.

Initial of Supervisor



Candidate Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>
Provider:	<input type="text"/>		
Result:	<input type="text"/>		

Were the candidate's test results provided directly to the provider? Yes No

Was this test completed by the candidate as an internal proficiency test? Yes* No

Candidate Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>
Provider:	<input type="text"/>		
Result:	<input type="text"/>		

Were the candidate's test results provided directly to the provider? Yes No

Was this test completed by the candidate as an internal proficiency test? Yes* No

Candidate Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>
Provider:	<input type="text"/>		
Result:	<input type="text"/>		

Were the candidate's test results provided directly to the provider? Yes No

Was this test completed by the candidate as an internal proficiency test? Yes* No

** Please include copies of proficiency test results for candidates who have completed an internal proficiency test.*

Initial of Supervisor



Candidate Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>	
Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>	
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>	
Provider:	<input type="text"/>			
Result:	<input type="text"/>			
Were the candidate's test results provided directly to the provider?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was this test completed by the candidate as an internal proficiency test?	<input type="checkbox"/>	Yes*	<input type="checkbox"/>	No

Candidate Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>	
Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>	
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>	
Provider:	<input type="text"/>			
Result:	<input type="text"/>			
Were the candidate's test results provided directly to the provider?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was this test completed by the candidate as an internal proficiency test?	<input type="checkbox"/>	Yes*	<input type="checkbox"/>	No

Candidate Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>	
Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>	
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>	
Provider:	<input type="text"/>			
Result:	<input type="text"/>			
Were the candidate's test results provided directly to the provider?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was this test completed by the candidate as an internal proficiency test?	<input type="checkbox"/>	Yes*	<input type="checkbox"/>	No

* Please include copies of proficiency test results for candidates who have completed an internal proficiency test.

Initial of Supervisor



Candidate Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>
Provider:	<input type="text"/>		
Result:	<input type="text"/>		

Were the candidate's test results provided directly to the provider? Yes No

Was this test completed by the candidate as an internal proficiency test? Yes* No

* Please include copies of proficiency test results for candidates who have completed an internal proficiency test.

Comments and Recommendations

Supervisor Comments (if applicable):

Supervisor Name

Supervisor Signature

Date

Head of Organisation Comments (if applicable):

Head of Organisation Name

Head of Organisation Signature

Date

Please send this application form and any attachments to secretariat.nifs@anzpaa.org.au.

AFSAB Use Only: Recertification Approved

AFSAB Chair Name

AFSAB Chair Signature

Date