



## 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

Recertification Year:

Family Name:  Given Name:

Discipline:  Jurisdiction:

Test Number:  Test Ref. Code (e.g. A, B, C or D):

Test Type:  Provider:

Result:

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

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\* Please include copies of proficiency test results if an internal proficiency test has been completed.

Initial of Supervisor



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**Comments and Recommendations**

Supervisor Comments (if applicable):

Supervisor Name Supervisor Signature Date

ANZFEC Member Comments (if applicable):

ANZFEC Member Name ANZFEC Member Signature Date

Please send this application form and any attachments to [secretariat.nifs@anzpaa.org.au](mailto:secretariat.nifs@anzpaa.org.au).



**AFSAB Use Only: Recertification Approved**

AFSAB Chair Name AFSAB Chair Signature Date