

Tasmanian Rural Generalist Pathway

Application for Certificate of Completion of the Tasmanian Rural Generalist Pathway

Name:

Address:

Contact number:

Email:

DOB:

DATE:	Tasmanian Rural Generalist Pathway Endpoint Achieved
	Fellowship of the Australian College of Rural and Remote Medicine (FACRRM)
	Fellowship of the Royal Australian College of General Practitioners (FRACGP) and Fellowship of Advanced Rural General Practice (FARGP)

Advanced skill attained:

Please attach evidence of your Fellowship and Advanced skill:

Signed: Date:

Return form to: rural.pathways@health.tas.gov.au

<input type="checkbox"/>	I do not wish to be added to the Tasmanian Rural Generalist Pathway Newsletter distribution list (6~ weekly)
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