

## **MRCPI / Occ Med Additional Attempt Form**

- Please read the RCPI Additional Attempts Policy at  $\underline{www.rcpi.ie}$  **BEFORE** completing this form.
- Please complete **ALL** sections and ensure that you date and sign the Agreement.
- Please complete the form in pen or ball point and in **BLOCK CAPITALS.**Trainer/Educational Supervisor to email the completed form from their work email to <a href="mailto:exams@rcpi.ie">exams@rcpi.ie</a> within four weeks of the published application closing date.

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Place of wor	·k																							
Mobile Phor	ne No								Home Phone No															
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3 – Confirmation of additional educational experience to be completed and submitted by trainer/educational supervisor (or equivalent)

## **Definition of Trainer/Educational Supervisor**

Educational trainer /supervisor name

Place of work

An RCPI Trainer oversees RCPI trainees' development and education at all training levels, through their involvement in teaching, training, evaluation, and supervision. If a candidate is not assigned to an RCPI trainer, the application for an additional attempt can be supported by a Consultant (or equivalent)/Educational Supervisor. The Consultant/Educational Supervisor must be involved in the process of reviewing and agreeing the candidate's additional learning.

I confirm that the candidate named above, and I have reviewed their previous attempts and have implemented an educational plan. I also confirm that the candidate named above has demonstrated such an improvement in knowledge and skill, so that a pass result is highly likely at the next attempt, and I endorse their request for **ONE** additional attempt \*

\_\_\_\_\_Work phone number

Train	Trainer/Supervisor Signature																				
Train	Trainer/Supervisor Work email																				
	* Please note that as a trainer/educational supervisor supporting one additional attempt you may be contacted for further information																				
Sec	Section 4 - MRCPI / Occ Med Examination agreement – Additional attempt form																				
I confirm that the information given on this form is true, complete and accurate and no information requested, or other material information has been omitted. I understand falsifying information is an act of misconduct and will be investigated according to the MRCPI and Occupational Medicine Misconduct Rules.																					
I understand that information requested will be used by the College for administrative purposes, and to meet its statutory obligations.																					
Cano	Candidate name (PRINT NAME):																				
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For further information please see the MRCPI website at www.rcpi.ie