

CREDIT TRANSFER APPLICATION FORM

This form is to be completed if you wish to gain recognition for subjects completed through another Registered Training Organisation. Please include certified copies of supporting certificate/s and/or statement of attainment/s with this application.

Certified copies must be in colour and the signature and stamp must appear on every page. A certified copy is a photocopy of the original document which has the **signature** and **stamp** of one of the following persons, indicating that they have sighted the original document: Barrister or Solicitor, Police in Charge of Station, Pharmacist, Doctor, Dentist, Principal of School, Justice of the Peace, or Clerk of Court.

Applicant Name: _____ Contact Phone: _____ Email: _____

Qualification/course name you wish to gain credit for:

Subject/ Course Code	Subject/Course Name	Name of Training Institute	Year Completed	Evidence Provided	Office Use Only		Date and Name of person contacted to verify certificate
					APPROVED Yes	No	

Note: All certificates and statement of attainments must be checked by calling the issuing RTO and verifying details. Record the name and date on this form.

If credit transfer not granted please give detail:

DECLARATION AND SIGNATURE

I declare that the information and documentation provided are true and correct. I understand that Medical Administration Training reserves the right to check authenticity and that in submitting a credit transfer application I consent for Medical Administration Training to perform such checks. I agree that Medical Administration Training may ask me to complete additional documentation concerning the academic integrity of my certificate/s and or statement of attainment/s which may be assessed as part of the application process. I understand that if the documentation supplied is not sufficient then a credit transfer shall not be granted by Medical Administration Training.

NAME: _____

SIGNATURE: _____

DATE: _____

Please send this completed application and relevant documents to:
Medical Administration Training
PO Box 2145, Strathpine Qld 4500
Email: info@medtrain.com.au