

**Application form for completion by potential new examiners**

Please complete this form and email it to: [examiners@rcpath.org](mailto:examiners@rcpath.org)

|  |
| --- |
| I wish to apply for (please select whichever role is most appropriate. Please note you do not need to be an Examiner before becoming a Senior Examiner):  Choose an item.  For Examiner/Senior Examiner only  I am employed in a substantive post at:  Date post started: |

|  |  |
| --- | --- |
| Surname: | Forenames: |
| Specialty: | |
| College Membership Number\*:  Membership grade of the Royal College of Pathologists\*: Choose an item.  Date obtained:  \*If not a Member of the Royal College of Pathologists, please indicate your professional membership body (e.g., RCP, IBMS), membership grade and date awarded: | |
| I wish to serve on the Examiner Panel(s) in: Choose an item.  and Choose an item. (optional second panel)  If one of the following specialties, please indicate your preferred sub-panel:  Haematology: Choose an item.  Veterinary Pathology: Choose an item.  Histopathology only:  I would also like to be involved in the following sub-panels (check box)  Autopsy (CHAT)  Cervical Cytopathology (CHCCT) | |

**Please complete/tick all relevant statements**

|  |
| --- |
| I am active in clinical practice at:  OR  I am active in research at: |
|  |
| I am participating in the College’s CPD scheme  OR  I am participating in an alternative CPD scheme  *Please specify:*  I am currently paying College Membership fees |

|  |
| --- |
| I am currently participating in an EQA scheme  *Please give details:* |

|  |
| --- |
| I am working in a UKAS registered or accredited laboratory  *Please give details:* |

|  |
| --- |
| I am actively involved in training and educational supervision  *Please give details:* |

|  |
| --- |
| I am prepared to assess submissions of published work,  dissertations, and casebooks  *If yes, please give details of areas of special interest:* |
| I have been involved with undergraduate and/or  postgraduate medical examinations    *If yes, please give details of qualification(s) and role(s):* |

|  |
| --- |
| **I declare that**   * I will be available to examine at least three times during the five-year term * I will undertake training in the examination process * I am prepared to have my examining practice observed * I am not currently subject to any investigations related to my professional performance or probity   **Signature:**  **Date:** |