

Declaration

I have read, understood and agreed to comply with all [RACGP policies](#), and, in particular, the policy from which I am request a special exemption.

I certify that the information I have provided in and with this application is correct and complete.

I certify that I have submitted all appropriate supporting documentation with this application.

I authorise the RACGP to contact professional authorities and any party named in support of my application for the purpose of verifying any information I have supplied.

I understand that the submission of plagiarised, false or misleading information will be handled as per the [Academic Misconduct Policy](#).

I understand that failure to disclose any restrictions on, or changes to, my medical registration to the RACGP will be handled according to the [Academic Misconduct Policy](#).

Signature

Date

Declaration

The RACGP's Privacy Policy reflects federal and state privacy legislation and is available on the [RACGP website](#).

Further information

Please contact the Policy team:

T: 1800 472 247

E: education.appeals@racgp.org.au