

Application for Recognition of Qualifications Equivalent

to

BSc Clinical Measurement Science (TU Dublin)

**Official use only**

|  |  |
| --- | --- |
| **Date form received:**  |  |
| **Date fee received:**  |  |
| **Application reference** **number:**  |   |

**Introduction**

The Irish Institute of Clinical Measurement Physiology (IICMP) is the professional body which represents allied health professionals working in the field of Clinical Measurement Physiology in Ireland. There are five disciplines which come under the umbrella of the Institute: Cardiology, Gastroenterology (GI), Neurophysiology, Respiratory and Vascular.

***The job titles are*:**

* Cardiac Physiologist
* Gastro-Intestinal Physiologist
* Neuro-Physiologist
* Respiratory Physiologist
* Vascular Physiologist

The Institute is recognised by the Health Service Executive (HSE) in Ireland as the professional body, which advises on the equivalency of qualifications for Clinical Measurement Physiologists taking up posts in Ireland.

***The current HSE recognised qualifications for those working in the field of Clinical Measurement Physiology in Ireland are:***

1. Possess the BSc in Clinical Measurement Science from Technological University of Dublin (formally DIT)

**Or**

1. Possess an equivalent relevant scientific qualification (Level 8) as confirmed by the Irish Institute of Clinical Measurement Physiology
2. (IICMP).

**Or if qualified in or prior to 2005**

1. Possess the Certificate in Medical Physics and Physiological Measurement (MPPM) from Dublin Institute of Technology

**Or**

1. Possess an equivalent relevant scientific qualification to the Certificate in Medical Physics and Physiological Measurement (MPPM) as confirmed by the Irish Institute of Clinical Measurement Physiology (IICMP).

Details of the BSc (Hons) course in TU Dublin can be found on <https://www.tudublin.ie/study/undergraduate/courses/clinical-measurement-science-tu868/>

**General Guidance Notes – The Application Process**

**Please DO:**

* Type in all sections of the Application Form (Section 1 + 2) - handwritten applications will not be accepted
* Mark boxes with an ‘X’
* Move from field to field by pressing the tab button or cursor arrow keys; move back through the previous fields by pressing the **SHIFT** and **Tab** buttons or the **arrow** keys
* Write dates in the form dd/mm/yyyy (day, month, year)
* Complete all relevant sections and answer all questions fully, we will return incomplete applications resulting in delays
* Use additional pages and **reference** the section and question if you need more space
* Keep a copy of all the material you send to us and save MS word version to your PC
* Obtain the necessary confirmation from your education institute(s) for Section 2
* Sign the declaration in Section 3
* Pay your fee online Section 4
* Email application form and all related documents in **PDF and zip file format.** See FAQ doc. for further details.
* Please send any emails in relation to your application to recognition@iicmp.ie only
* Post all your documentation (including completed Application Checklist) to:

Gráinne Buicke – Academic Accreditation Council Vice Chair

Bother Bue,

Newcastle West,

Co. Limerick,

Ireland.

V42E229.

**Please DO NOT:**

* Staple or bind any part of your application.
* Include any original documents. Instead, please send certified copies of your documents.
* Make arrangements or incur any expenses, which depend upon the approval of your application by us. We will not accept liability for any loss or expense that you experience.
* **Applicants who make travel, work or other arrangements before knowing the outcome of their application do so at their own risk**.

**Please Note:**

* The IICMP will not accept liability for any documents that we return to you.
* The IICMP may ask you to verify, any information as part of your application. We may also ask you to supply additional information.

**Timelines:**

* **Please only submit your fully completed application in one email, formatted as above. Please ensure the hard copy is sent simultaneously.**
* We aim to acknowledge receipt of your fully completed postal application within **10 working days**.
* The assessment process should take approximately **6-8 weeks**. Should we require further information to support your application the process may take longer.
* **Failure to submit all the required information as outlined in the application form check list and the FAQ document will result in your application being paused until all the required information is received in both hard and soft copy. We will write to you giving further guidance to support your application process. An additional administration fee of €150 will be charged.**

**Application Form Checklist**

**Please complete, print off and submit with your application form and qualification paperwork**

|  |  |  |
| --- | --- | --- |
| **1** | I have read and understood the detailed **general guidance notes – The Application Process and the correspondence from the IICMP**  | [ ]  |
| **2** | I have printed a full copy of my application form and ensured that:**Section 2** – is completed by me and stamped on each page by my educational institute(s)**Section 3** – declaration is signed by me  | [ ]  |
| **3** | I have fully completed all sections of the application form electronically - **handwritten applications will not be accepted** | [ ]  |
| **4** | **Certified and signed** copies must be **certified by a solicitor/lawyer** or by a person that is legally allowed to make statutory declarations, to certify that the documents you submit are true copies of the originals | [ ]  |
| **5** | **Certified and signed** copy of my birth certificate | [ ]  |
| **6** | **Certified** **and signed** copy of photographic identification e.g. passport/driving license etc. |  |
| **7** | **Certified and signed evidence** of change of name if name on my qualification documents different to my name now e.g. marriage / deed poll | [ ]  |
| **8** | **Certified Signed** copyof the certificate of qualification awarded  | [ ]  |
| **9** | **Certified & signed by your college copies** of the course content or transcript documents from your educational institute that includes details of subjects taken each year, the subject content and the number of hours of study in each subject, including practical placements | [ ]  |
| **10** | **Certified copy** of certificate/s for other relevant qualification/s if applicableNote: acceleration onto any year of a program presented for recognition will require previous and course content information to be provided where possible. | [ ]  |
| **11** | **Certified copies** for other relevant qualifications if applicable, of the course contente.g. transcript from your educational institute that includes details of subjects taken each year, the subject content and the number of hours of study in each subject, including practical placements | [ ]  |
| **12** | **Certified Translation** of all documents into English **and** copies of all documentation in original language also included. | [ ]  |
| **13** | I have included the name and contact details for those who certified documents included in my application, including solicitor/equivalent, translator and educational institute contact. | [ ]  |
| **14** | A **QQI** or **NARIC** certification must be included for each qualification you have completed. Further details at [www.qqi.ie](http://www.qqi.ie) QQI level – Qualification Authority of Ireland.  | [ ]  |
| 15 | I have included a copy of my academic record which includes my course code. | [ ]  |
| **16** | I have paid the **€300** non-refundable fee online and include a copy of the PayPal receipt  | [ ]  |
| **17** | I have kept a full copy of my application and supporting documents for my own records | [ ]  |
| **18** | I have not stapled or bound any of my documents | [ ]  |
| **19** | I confirm that I have posted my complete application form, (including supporting certified documents) to **Grainne Buicke, BotherBue, Newcastle West, Co.Limerick** | [ ]  |
| **20** | I confirm that I have emailed my complete application form (including supporting certified documents) in a pdf document to: recognition@iicmp.ie  | [ ]  |
| **21** | The IICMP will store your data for up to 6yrs for verification purposes. The data will only be accessible by the IICMP Executive and Education committee | [ ]  |
| **22** | By Completing and submitting this application you consent to the IICMP sharing the information contained here within the HSE, The Department of Health or their agents if requested. | [ ]  |

**Failure to submit all the necessary information required for assessment purposes will result in your application being delayed/paused.**

**Section 1a: Personal details – Application Form**

|  |  |
| --- | --- |
| **Title:**   | Mr [ ]  Mrs [ ]  Ms [ ]  |
| **First name:**  |       |
| **Last name:**  |       |
| **Previous (last) name:** (Provide proof of name change) |       |
| **Home contact details**  |  |
| **Address 1:** **Address 2:****Address 3:****Address 4:** **Country:**  |  |
| **Direct telephone or mobile number:** |       |
| **Professional email address:** |       |
| By providing my email address I consent to being contacted by email |

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| **Don’t forget:** |
| * Check you have read the guidance notes and completed this section fully;
* **Copy** of proof of name change e.g. marriage certificate or deed poll if relevant to your qualification
* Please note all documentation must be presented in English by an official translator.
 |

**Section 1b: Authorisation details – Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Professional details | Documents Certified by: | Translator  | University Representative |
| **Title:**   |  |  |  |
| **First name:** |  |  |  |
| **Last name:** |  |  |  |
| **Address 1:** **Address 2:****Address 3:****Address 4:** **Country:**  |  |  |  |
| **Direct telephone or mobile number:** |  |  |  |
| **Personal email address:** |  |  |  |

**Section 2: Qualification for Recognition - Application Form**

Please enter the details for your undergraduate or post-graduate qualification for which you are seeking recognition. If a combination of both undergraduate and a postgraduate qualification gives you equivalence to BSc Hons Clinical Measurement Physiology, please enter details of both.

**Qualification details – Undergraduate/Post Graduate**

|  |  |
| --- | --- |
| **Country of qualification:** |       |
| **Title of qualification in English language as per certificate of qualification:**  |       |
| **Title of qualification in original language if not English:**  |       |
| **Course Code:** |  |
| **Does your qualification allow you to work as a Clinical Measurement Physiologist in your own country? –** Please attach details from regulatory body or competent authority to confirm your qualification entitles you to work as a Clinical Measurement Physiologist the country where it was obtained. |       |

**Course details**

|  |  |
| --- | --- |
| **Name of educational institution in English:****Name of institution in original language:**  |            |
| **Name of department or school in English:****Name of department or school in original language:**  |       |
| **Address in English:****Address 1:** **Address 2:****Address 3:****Address 4:****Country:****Email:** |                                |
| **Address in original language:****Address 1:** **Address 2:****Address 3:****Address 4:****Country:****Email:** |  |
| **Total number of years of course:**       | **Start date:**       **End date:**       (dd/mm/yyyy) |
| **Did you accelerate onto any year of a course: Yes**  [ ]  **No** [ ]   |
| **Completion date:**       | **Date of qualification award:**       |
| **Certificate number or equivalent:**       | **Study mode:** full-time[ ] part-time[ ] distance learning[ ] other[ ]  |
| **Proportion of total course time allocated to practice placement:** | **%**       |
| **Proportion of total course time allocated to academic teaching:** | %       |
| **Total number of placements included in your training:**  |       |
| **Total number of hours spent in placement:**  |       |
| **Total Number of ECT Credits for your Full Course:**  |  |
| **Total Number of ECT Credits allocated in each year of your course:**  |       1st Year       2nd Year      3rd Year       4th Year |
| **Total Number of ECT Credits for Project:**  |  |
| **Total Number of ECT Credits Allocated to your Clinical Placement:**  |  |

 **Please expand table and insert rows for additional information / years if necessary.**

**You must sufficiently expand on the information contained in your transcript**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course Year** **1,2,3,4 etc.**  | **List of subjects / modules** | **Subject description – please outline content to include learning outcomes and/or competencies** | **Hours studied** | **Examination / assessment method** | **ECTS credits****(if relevant)** | **Page / Transcript reference** |
| **Year 1** |  |  |  |  |  |  |
| **Year 2**  |  |  |  |  |  |  |
| **Year 3**  |  |  |  |  |  |  |
| **Year 4**  |  |  |  |  |  |  |

**Practice placements undertaken during this qualification**

**You must copy and insert a new table for each block of practice / clinical placement**

|  |
| --- |
| **Practice placement:** |
| **Name of placement setting:****(workplace)** |  |
| **Practice areas:** |  |
| **Type of service:**  | public service[ ] private sector[ ]  non-governmental organisation[ ]  other[ ]  (specify):  |
| **Start date (dd/mm/yyyy):**  | **End date (dd/mm/yyyy):**  |
| **Hours per week:**  | **Total number of weeks:**  | **Total number of hours spent in placement**:  |
| **Was the placement assessed?** Yes [ ]  No [ ]  | **Outcome:** Pass [ ]  Fail [ ]  Other [ ]  |
| **Assessment method:**  | **Was the placement supervised by a professionally qualified senior person in your profession?** Yes [ ]  No [ ]  |
| **Name of supervisor: Position of supervisor:**  |  | **Frequency of supervision:**  |
| **If you answered no please tell us how you were supervised and by whom**  |
| **Main duties, core skills and knowledge acquired in this placement (Expand table as required):** |

**Research project / thesis completed during this qualification**

|  |  |
| --- | --- |
| **Did you complete a project / thesis as part of your undergraduate studies?**  | Yes [ ]  No [ ]  |
| **If yes what was the title of the project:** |  |
| **No of words required:** |  |
| **Please provide a brief summary of the thesis:** |

**Confirmation by educational institute**

**Official stamp required on each page of section 2.**

|  |
| --- |
| I hereby certify that the particulars that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has supplied in section 3 about his/her academic and practice placement training are true and accurate, to the best of my knowledge and belief. **I have provided an official stamp on each page of section 3.**  |
| **Official course contact:** |  |
| **Job title:**  |  |
| **Signed:**  | **Date:**  |
| **Name in block capitals:** |  |
| **Position held:** |  |
| **Address 1** **Address 2****Address 3****Address 4** **Country**  |  |
| **Telephone number:**  | **Work email address:**  |
| **Official stamp of educational institution:****Please also officially stamp each page completed in Section 3 to verify this information on behalf of the applicant.**  |

|  |
| --- |
| **Applicant note – Don’t forget:** |
| * Check you have read the guidance notes and completed this section fully;
* **Provide** copyof certificate of qualification (s);
* **Copy of qualification must include course code.**
* **Provide** description of the course contente.g. transcript from your educational institute that includes details of subjects taken each year, the subject content and the number of hours of study in each subject, including practical placements
* Section 3 must be stamped and certified by your educational institution to include contact details for official course contact; please note each page must include the official stamp.
* Please note all documentation must be presented in English by an official translator**.**
 |

**Additional Undergraduate/Post Graduate Qualification Details: If not applicable tick**

**Only complete this second section if you have additional qualifications that would in combination with the first set of qualifications listed above give you equivalence to the BSc Hons Clinical Measurement Physiology.**

|  |  |
| --- | --- |
| **Country of qualification:** |       |
| **Title of qualification in English language as per qualification:**  |       |
| **Course code:** |  |
| **Title of qualification in original language if not English:**  |       |

**Course details**

|  |  |
| --- | --- |
| **Name of educational institution in English:****Name of institution in original language:**  |            |
| **Name of department or school:**  |       |
| **Address 1:** **Address 2:****Address 3:****Address 4:****Country:****Email:** |                                |
| **Total number of years of course:**       | **Start date:**       **End date:**       (dd/mm/yyyy) |
| **Did you accelerate onto any year of a course: Yes**  [ ]  **No** [ ]   |
| **Completion date:**       | **Date of qualification award:**       |
| **Certificate number or equivalent:**       | **Study mode:** full-time[ ] part-time[ ] distance learning[ ] other[ ]  |
| **Proportion of total course time allocated to practice placement:** | **%**       |
| **Proportion of total course time allocated to academic teaching:** | %  |
| **Total number of placements included in your training:**  |  |
| **Total Number of ECT Credits for your Full Course:**  |  |
| **Total Number of ECT Credits allocated in each year of your course:**  |       1st Year       2nd Year      3rd Year       4th Year |
| **Total Number of ECT Credits for Project:**  |  |
| **Total Number of ECT Credits Allocated to your Clinical Placement:**  |  |

 **Please expand table and insert rows for additional information / years if necessary.**

**You must sufficiently expand on the information contained in your transcript**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course Year** **1,2,3,4 etc.**  | **List of subjects / modules** | **Subject description – please outline content to include learning outcomes and/or competencies** | **Hours studied** | **Examination / assessment method** | **ECTS credits****(N/B)** | **Page / Transcript reference**(N/B) |
| **Year 1** |  |  |  |  |  |  |
| **Year 2**  |  |  |  |  |  |  |
| **Year 3**  |  |  |  |  |  |  |
| **Year 4**  |  |  |  |  |  |  |

**Practice placements undertaken during this qualification**

**You must copy and insert a new table for each block of practice / clinical placement**

|  |
| --- |
| **Practice placement:** |
| **Name of placement setting:****(workplace)** |  |
| **Practice areas:** |  |
| **Type of service:**  | public service[ ] private sector[ ]  non-governmental organisation[ ]  other[ ]  (specify):  |
| **Start date (dd/mm/yyyy):**  | **End date (dd/mm/yyyy):**  |
| **Hours per week:**  | **Total number of weeks:**  | **Total number of hours spent in placement**:  |
| **Was the placement assessed?** Yes [ ]  No [ ]  | **Outcome:** Pass [ ]  Fail [ ]  Other [ ]  |
| **Assessment method:**  | **Was the placement supervised by a professionally qualified senior person in your profession?** Yes [ ]  No [ ]  |
| **Name of supervisor: Position of supervisor:**  |  | **Frequency of supervision:**  |
| **If you answered no please tell us how you were supervised and by whom**  |
| **Main duties, core skills and knowledge acquired in this placement (Expand table as required):** |

**Research project / thesis completed during this qualification**

|  |  |
| --- | --- |
| **Did you complete a project / thesis as part of your undergraduate studies?**  | Yes [ ]  No [ ]  |
| **If yes what was the title of the project:** |  |
| **No of words required:** |  |
| **Please provide a brief summary of the thesis:** |

**Confirmation by educational institute**

**Official stamp required on each page of section 2.**

|  |
| --- |
| I hereby certify that the particulars that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has supplied in section 4 about his/her academic and practice placement training are true and accurate, to the best of my knowledge and belief. **I have provided an official stamp on each page of section 3.**  |
| **Official course contact:** |  |
| **Job title:**  |  |
| **Signed:**  | **Date:**  |
| **Name in block capitals:** |  |
| **Position held:** |  |
| **Address 1** **Address 2****Address 3****Address 4** **Country**  |  |
| **Telephone number:**  | **Work email address:**  |
| **Official stamp of educational institution:****Please also officially stamp each page completed in Section 3 to verify this information on behalf of the applicant.**   |

|  |
| --- |
| **Applicant note – Don’t forget:** |
| * Check you have read the guidance notes and completed this section fully;
* **Provide** copyof certificate of qualification (s);
* **Copy of qualification must include course code.**
* **Provide** description of the course content– course syllabus / handbook showing details of the subjects taken each year, the subject content and the number of hours of study in each subject;
* Section 3 must be stamped and certified by your educational institution to include contact details for official course contact; please note each page must include the official stamp.
* Please note all documentation must be presented in English by an official translator**.**
 |

**Section 3: Declaration**

Any recognition granted on the basis of fraudulent or falsified information, material misrepresentation or a statement designed to mislead shall be invalid. The onus for ensuring the full and accurate disclosure of information rests with the applicant.

* I declare that the information given in this document and in all attached documentation is true and accurate.
* I understand that failure to disclose full information, or any deliberate misrepresentation of information, is a serious matter and will invalidate my application.
* I understand that I may be required to submit further documentary evidence or information in support of any particulars given by me on my application form.
* I agree to notify IICMP in writing, of any change of personal details during the application process, e.g. change of last name or address, as and when any such changes occur.
* I understand that my data may be shared with the HSE, the Department of health or their agents on their request.
* Failure to sign this Declaration form will render the Application form invalid.

I have read and understood the guidance notes and accept that any decision in relation to my qualification/s will be made in this context, based upon the evidence provided by me.

I hereby declare that all particulars I have supplied in this form and attached documents are true and accurate to the best of my knowledge and belief.

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4: Payment of Fees - Application Form**

The recognition of qualification application fee is €300

Please pay your fee online at: <https://iicmp.ie/recognition-of-qualifications/>

A receipt will be emailed to you.

***Please retain your receipt and make sure you include a copy with your application form.***

**REMEMBER TO**

**Post all your documentation (including completed Application Checklist) to:**

Grainne Buicke,

Bother bue,

Newcastle West,

Co.Limerick

V42E229