

Application for Recognition of International Qualifications

For professional qualifications awarded in **Clinical Measurement Physiology** from Higher Education Institutes (HEIs) outside of the state of Ireland.

**Official use only**

|  |  |
| --- | --- |
| **Application reference** **number:**  |   |

**Introduction**

The Irish Institute of Clinical Measurement Physiology (IICMP) is the professional body which represents Clinical Measurement Physiologists working in Ireland. There are five professions which come under the umbrella of the Institute:

 **The Five Professions are:**

* Clinical Measurement Physiology - Cardiac Physiologist
* Clinical Measurement Physiology - Gastrointestinal (GI) Physiologist
* Clinical Measurement Physiology - Neurophysiologist
* Clinical Measurement Physiology - Respiratory Physiologist
* Clinical Measurement Physiology - Vascular Physiologist

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

***Please see the below link for the current HSE recognised qualifications for those working in the field of Clinical Measurement Physiology in Ireland***

[**https://www.hse.ie/eng/staff/jobs/eligibility-criteria/clinical-measurement-physiologists.html**](https://www.hse.ie/eng/staff/jobs/eligibility-criteria/clinical-measurement-physiologists.html)

**General Guidance Notes – The Application Process**

**Please DO:**

* Type in all sections of the Application Form - 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
* Save MS word version to your PC
* Obtain the necessary confirmation from your education institute(s) for Section 3
* Sign the declaration in Section 7 and 8
* Pay your application fee online Section 9
* Email application form and all related documents in **PDF and zip file format.** See guidance notes for further details.
* Please send any emails in relation to your application to accreditation@iicmp.ie only.

**Please DO NOT:**

* 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 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.**
* We aim to acknowledge receipt of your fully completed application within **1 week.**
* The assessment process should take approximately **6-8 weeks after the completed application has been received.** Should we require further information to support your application or if the application form is not completed in full the process may take longer.

**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 3** - is completed by me and stamped on each page by my educational institute(s). Section 3 is emailed directly to accreditation@iicmp.ie by the college (using an official email address). | ☐ |
| **3** | **Section 6** is completed by me and stamped by my employer. Section 6 is emailed directly to accreditation@iicmp.ie by your employer (using an official email address).  | ☐ |
| **4** | **Section 7** - declaration is signed by me  | ☐ |
| **5** | **Section 8** – Consent to background checks is signed by me | ☐ |
| **6** | I have fully completed all sections of the application form electronically - **handwritten applications will not be accepted** | ☐ |
| **7** | **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 | ☐ |
| **8** | **Certified and signed** copy of my birth certificate | ☐ |
| **9** | **Certified** **and signed** copy of photographic identification e.g. passport/driving license etc. |  |
| **10** | **Certified and signed evidence** of change of name if name on my qualification documents different to my name now e.g. marriage / deed poll | ☐ |
| **11** | **Certified & signed by your college certificate** of qualification awarded. This must be emailed directly to accreditation@iicmp.ie by the college  | ☐ |
| **12** | **Certified & signed by your college** 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.This must be emailed directly to accreditation@iicmp.ie by the college | ☐ |
| **13** | **Certified & signed by your college** academic record which includes my course code and the grades achieved for each module studied. This must be emailed directly to accreditation@iicmp.ie by the college | ☐ |
| **14** | **Certified & signed by your college** Internship Certificate (if applicable). This must be emailed directly to accreditation@iicmp.ie by the college | ☐ |
| **15** | **Certified & signed by your college** documents for all other relevant qualifications if applicable. This includes: Final Award Certificate, Academic Record, Internship Certificate, 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. These must be emailed directly to accreditation@iicmp.ie by the college | ☐ |
| **16** | **Certified Translation** of all documents into English **and** electronic copies of all documentation in original language also included. | ☐ |
| **17** | 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. | ☐ |
| **18** | 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.  | ☐ |
| **19** | I have paid the non-refundable application fee online and include a copy of the PayPal receipt  | ☐ |
| **20** | I have kept a full copy of my application and supporting documents for my own records | ☐ |
| **21** | I have not stapled or bound any of my documents | ☐ |
| **23** | I confirm that I have emailed my complete application form (including supporting certified documents) in a pdf document and zip files to: accreditation@iicmp.ie  | ☐ |
| **24** | The IICMP will store your data for up to 6yrs for verification purposes. The data will only be accessible by the Institute and its officers.  | ☐ |
| **25** | By Completing and submitting this application you consent to the Institute sharing the information contained here within the HSE, The Department of Health or their agents if requested. | ☐ |
| **26** | I understand it is my responsibility to ensure that those who validated my application and supporting documents (Section 1B) provide a confirmation email to accreditation@iicmp.ie  | ☐ |
| **27** | If I have undertaken any part of my academic program as an ERASMUS+ I have included **certified** copies of the: ERASMUS+ Application form, Erasmus Learning Agreement, Erasmus Confirmation of Attendance (certificate of Arrival), Official Transcript of Records from the HOST University and Erasmus Participants Survey.  | ☐ |
| **28** | Provide a PDF copy of the research thesis completed as part of each qualification presented for Recognition of Qualification. Please email to accreditation@iicmp.ie  | ☐ |
| **29** | I have included a certified letter from the competent authority / regulatory body in the country where I obtained my qualification stating that I am eligible to practice as a Clinical Measurement Physiologist in the country where my qualification in Clinical Measurement Physiology was obtained.  |  |
| **30** | I understand that it is my responsibility to submit all the required information and documents to enable the assessment of my qualification and failure to do so could result in my application being paused or my application may not progress to assessment. | ☐ |

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

**The application form is generic and is related to more than one Clinical Measurement Physiology Profession. Please choose the profession which relates to your application for Recognition of International Qualifications.**

|  |  |
| --- | --- |
| Cardiac Physiology  |  |
| Gastrointestinal (GI) Physiology |  |
| Neurophysiology  |  |
| Respiratory Physiology  |  |
| Vascular Physiology  |  |

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

|  |  |
| --- | --- |
| **Title:**   | Mr ☐ Mrs ☐ Ms ☐ |
| **First name:**  |       |
| **Last name:**  |       |
| **Previous (last) name:** (Provide proof of name change) |       |
| **Date of birth:** |  |
| **PPS number (if relevant)** |  |
| **Passport number:** |  |
| **Nationality:** |  |
| **Country of birth:** |  |
| **Citizenship:** |  |
| **Home contact details**  |  |
| **Address 1:** **Address 2:****Address 3:****Address 4:** **Country:**  |  |
| **Direct telephone or mobile number:** |       |
| **Personal 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**

**Those who authorise your application must send a confirmation email to** accreditation@iicmp.ie

|  |  |  |  |
| --- | --- | --- | --- |
| 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:** |  |  |  |
| **Work email address:** |  |  |  |

**Section 2: Proof of Eligibility to Practice as a Clinical Measurement Physiologist in Country of Qualification**

3.1 Are you eligible to practice in Clinical Measurement Physiology in the country where you obtained your qualification? If you answer is no this will be the end of your application.

Yes No 

**Note: Documentary evidence will be required stating eligibility to practice. Failure to present documentary evidence can result in your application being delayed.**

3.2 What is the title of the qualification that you are presenting for recognition? This is the qualification which gives you eligibility to practice as a Clinical Measurement Physiologist in the country where you obtained it?



3.3 Please provide details below of the competent authority/ regulatory body that will provide a statement to confirm your qualification entitles you to practice in Clinical Measurement Physiology in the country where it was obtained. You will be required to provide a letter from the competent authority/ regulatory body confirming registration.

|  |  |
| --- | --- |
| **Name of Body:** |  |
| **Address 1:****Address 2:****Address 3:****Address 4:****Country:** |  |
| **Email Address:** |  |
| **Phone Number (Include country code)** |  |
|  **What are the professional activities undertaken by a Clinical Measurement Physiologist in the country in which your Clinical Measurement Physiology qualification was obtained?** Please list below |
| **Please specify in detail which activities within your profession as a Clinical Measurement Physiologist you are not entitled to undertake?** |
|  **If applicable, what level of autonomy do Clinical Measurement Physiologists have in your country?** |
| **Are you currently registered with the competent authority/regulatory body in the country where you received your qualification in Clinical Measurement Physiology?****Yes No****If yes, please state:** |
| **Your registration/ Licence Number:**  |
| **Profession title under which you are registered:** |
| **Period of registration:**  |

**Section 3: Qualification for Recognition - Application Form**

Please enter the details for your undergraduate or postgraduate qualification for which you are seeking recognition. Qualifications presented for recognition will be assessed against the standards of proficiency required for the practice of Clinical Measurement Physiology in Ireland. If a combination of both an undergraduate and a postgraduate qualification gives you equivalence please enter details of both.

**Please note that each page of section 3 needs to be stamped by the college. Section 3 is emailed directly to** **accreditation@iicmp.ie** **by the college**

**Qualification details – Undergraduate/Postgraduate**

|  |  |
| --- | --- |
| **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 the country where it was obtained –** Please attach details from the regulatory body or competent authority to confirm your qualification entitles you to work as a Clinical Measurement Physiologist the country where it was obtained. |       |
| **Please insert a hyperlink to your details/name on the national public register in your country**  |  |

**Course Details**

|  |  |
| --- | --- |
| **Name of educational institution in English:****Name of the 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:**  |  |

**Was any part of your program an Erasmus? Please expand the below table as required.**

|  |  |
| --- | --- |
| **Provide details of the host Higher Educational Institution.** |  |
| **Location of the Erasmus** |  |
| **Provide details on the location of clinical practice placement during the Erasmus** |  |
| **Name and position of supervisor for the duration of the practice placement.** |  |
| **Main duties, core skills and knowledge acquired in this placement.** |  |
| **What academic program was being studied at the time of the Erasmus?** |  |
| **What assessments were undertaken during the period of the Erasmus?** |  |
| **What modules were studied during the Erasmus?** |  |
| **Please provide full names, contact details and posts of the signatories of the Erasmus agreement** |  |
| **Please provide the name and post of the academic supervisor in the host HEI and practice placement site.**  |  |
| **Please provide any relevant additional information about the Erasmus.** |  |

 **Please expand the 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.** Please note that placement information needs to be included for each continuous block of placement within a year of study even if these placements take place at the same location. If a placement is broken up i.e. by lectures or holidays etc. a new table must be added for the next continuous block. This should be done in chronological order and may result in you inserting several tables. Please number each table. Please note that if placement information does not provide the clarity required for assessment it can result in applications being delayed due to information being requested at a later stage. If you have not completed your placements in continuous blocks of hours, please complete the tables accordingly and provide an explanation.

|  |
| --- |
| **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 Clinical Measurement Physiology?** 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. Please note a PDF copy of the thesis is required to be emailed to** accreditation@iicmp.ie  |

 **Confirmation by Educational Institute**

**Official stamp required on each page of section 3.**

|  |
| --- |
| 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 a** 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 Academic 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 an entry-to-practice qualification in 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 the 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:**  |  |
| **§§** |       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.** Please note that placement information needs to be included for each continuous block of placement within a year of study even if these placements take place at the same location. If a placement is broken up i.e. by lectures or holidays etc. a new table must be added for the next continuous block. This should be done in chronological order and may result in you inserting several tables. Please number each table. Please note that if placement information does not provide the clarity required for assessment it can result in applications being delayed due to information being requested at a later stage. If you have not completed your placements in continuous blocks of hours, please complete the tables accordingly and provide an explanation.

|  |
| --- |
| **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. Please note a PDF copy of the thesis is required to be emailed to** accreditation@iicmp.ie  |

**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 4: Competency in Clinical Test Areas**

Please provide evidence from both your academic and practice placement in each of the competences listed below that is relevant to your qualification/s. The competences may be covered in several modules or placements, if that is the case please ensure that they are all included in the tables below. Please expand the tables as required.

Qualifications presented for recognition of International qualifications will be assessed against the standards of proficiency required for the practice of Clinical Measurement Physiology in Ireland. Please refer to section 6 of the Standards of Proficiency for Clinical Measurement Physiology.

You will find the standards of proficiency for Clinical Measurement Physiology on <https://iicmp.ie>. It is important that you read and understand these standards as part of the recognition application process.

**Please note**: you are only required to complete one of the below tables. **Please complete the table which relates to the profession for which you are seeking Recognition of International Qualifications. If your qualification permits you to practice in more than one Clinical Measurement Physiology Profession please complete the relevant tables.**

Where you have not covered the academic knowledge and practice placement in a particular competency please indicate using N/A

 **Cardiac Physiology**

|  |  |  |
| --- | --- | --- |
| **Competency**  | **Academic Knowledge**Please provide a detailed account outlining the physics and instrumentation, anatomy and physiology and clinical theory covered during the academic component of your qualification which developed your academic knowledge of each clinical competency.Please include the page number on the application form where learning was demonstratedPlease include the page number on transcript where learning outcomes and academic components are outlinedExpand the table as required.  | **Practice Placement** Please provide a detailed account outlining the practical skills which were learned for each clinical competency in a healthcare setting.Please include the page number on the application form where practical learning was demonstratedPlease include the page number on transcript where practical learning outcomes are outlined**Include the approximate number of placement hours spent on each competency** Expand the table as required. |
| 12 Lead Electrocardiogram (ECG) |  |  |
| Exercise Stress Test |  |  |
| To Understand, recognise, interpret and report on the range of cardiac rhythms and arrhythmias that underpin the practice of a Cardiac Physiologist* Normal Cardiac rhythm
* Sinus Arrhythmia
* Supraventricular Arrhythmias
* Ventricular Arrhythmias
* Conduction Abnormalities
* Myocardial Ischaemia
* Paced Rhythms
 |  |  |
| Ambulatory ECG Monitoring and analysis  |  |  |
| Ambulatory Blood Pressure Monitor |  |  |
| Echocardiogram (ECHO) |  |  |
| Cardiac Rhythm Management and Monitoring:* Temporary and permanent pacing
* Implantable cardioverter – defibrillator (ICD)
* Cardiac resynchronisation therapy
* Implantable loop recording
 |  |  |
| Cardiac Catheterisation Laboratory – The haemodynamic monitoring and measurements carried out by the Cardiac Physiologist in the Cath Lab. |  |  |
| Electrophysiology study and pathway ablations  |  |  |

**Respiratory Physiology**

|  |  |  |
| --- | --- | --- |
| **Competency**  | **Academic Knowledge**Please provide a detailed account outlining the physics and instrumentation, anatomy and physiology and clinical theory covered during the academic component of your qualification which developed your academic knowledge of each clinical competency.Please include the page number on the application form where learning was demonstratedPlease include the page number on transcript where learning outcomes and academic components are outlinedExpand the table as required. | **Practice Placement** Please provide a detailed account outlining the practical skills which were learned for each clinical competency in a healthcare setting.Please include the page number on the application form where practical learning was demonstratedPlease include the page number on transcript where practical learning outcomes are outlined**Include the approximate number of placement hours spent on each competency** Expand the table as required. |
| Spirometry  |  |  |
| Lung Volumes by gas measurement and body plethysmography |  |  |
| Diffusing Capacity  |  |  |
| Bronchodilator Response  |  |  |
| Baseline oxygen saturation  |  |  |
| Cardiorespiratory limited sleep study set up |  |  |
| FeNo testing  |  |  |
| Muscle strength testing (MIP, MEP and SNIP) |  |  |
| Bronchial Point of care testing e.g. haemoglobin |  |  |
| Forced Oscillation Technique (Impulse Oscillometry) |  |  |
| Skin Allergy Testing |  |  |
| Bronchial Provocation Testing: Indirect and Direct Challenge Methods  |  |  |
| Hypoxic Challenge (fitness to fly) |  |  |
| Exercise Physiology testing including:* 6 minute walk test
* Full Cardiopulmonary Exercise Test
 |  |  |
| Polysomnography, limited and screening sleep diagnostic tests, as well as sleep and respiratory manual analysing according to international guidelines. |  |  |
| Positive airway pressure initiation and compliance monitoring and patient education on PAP treatments. |  |  |
| Multiple Sleep Latency Test |  |  |
| Have a detailed understanding of the relationship between lung function and sleep diagnostic and treatment tests and the common respiratory diseases asthma, COPD and obstructive Sleep Apnoea.  |  |  |

**Neuro Physiology**

|  |  |  |
| --- | --- | --- |
| **Competency** | **Academic Knowledge**Please provide a detailed account outlining the physics and instrumentation, anatomy and physiology and clinical theory covered during the academic component of your qualification which developed your academic knowledge of each clinical competency.Please include the page number on the application form where learning was demonstratedPlease include the page number on transcript where learning outcomes and academic components are outlinedExpand the table as required | **Practical Component** Please provide a detailed account outlining the practical skills which were learned for each clinical competency in a healthcare setting.Please include the page number on the application form where practical learning was demonstratedPlease include the page number on transcript where practical learning outcomes are outlined**Include the approximate number of placement hours spent on each competency** Expand the table as required. |
| Routine and non- routine Electroencephalogram (EEG) across the lifespan, using provocation techniques of hyperventilation and intermittent photic stimulation as appropriate.  |  |  |
| Speel/sleep Deprived EEG  |  |  |
| Carpel Tunnel Screening (Nerve conduction studies) |  |  |
| Evoked potentials/Visual Electrophysiology – Visual Evoked Response (VER) |  |  |
| Ambulatory EEG  |  |  |
| Long Term EEG Monitoring  |  |  |
| Polysomnography (PSG)* Set up and interpretation of PSG
* Multiple Sleep Latency Testing (MSLT)
* Maintenance of wakefulness testing
 |  |  |
| Peripheral neuropathies (Nerve Conduction Studies)  |  |  |
| Electromyography (EMG) (Nerve Conduction Studies) |  |  |
| Evoked Potentials* Brainstem Auditory Evoked potentials (BAEP)
* Somatosensory Evoked Potentials (SSEP)
 |  |  |
| Neurophysiology Intra-operative Monitoring* Multi- modality neurophysiology intra-operative monitoring during neurosurgical and orthopaedic spinal surgery.
 |  |  |
| Visual Electrophysiology * Electroretinography
 |  |  |

**Vascular Physiology**

|  |  |  |
| --- | --- | --- |
| **Competency**  | **Academic Knowledge**Please provide a detailed account outlining the physics and instrumentation, anatomy and physiology and clinical theory covered during the academic component of your qualification which developed your academic knowledge of each clinical competency.Please include the page number on the application form where learning was demonstratedPlease include the page number on transcript where learning outcomes and academic components are outlinedExpand the table as required | **Practical Component** Please provide a detailed account outlining the practical skills which were learned for each clinical competency in a healthcare setting.Please include the page number on the application form where practical learning was demonstratedPlease include the page number on transcript where practical learning outcomes are outlined**Include the approximate number of placement hours spent on each competency** Expand the table as required. |
| Ankle Brachial Index at Rest |  |  |
| Ankle Brachial Index Walking Test |  |  |
| Toe Pressures/ Finger Pressures |  |  |
| Upper limb segmental pressures  |  |  |
| Carotid and Vertebral Artery Duplex  |  |  |
| Abdominal Aorta Duplex |  |  |
| Duplex of Endovascular Repair (EVAR) and open repair of Abdominal Aortic Aneurysm. |  |  |
| Duplex Ultrasound of Lower Limb arteries. |  |  |
| Duplex Ultrasound of Lower Limb Bypass Grafts  |  |  |
| Venous Incompetency Duplex |  |  |
| Duplex Ultrasound mapping of lower limb veins for bypass revascularisation. |  |  |
| Lower limb Deep Venous Thrombosis (DVT) Duplex |  |  |
| Duplex of Visceral Vessels  |  |  |
| Duplex of upper limb arteries |  |  |
| Duplex of upper limb veins to include upper limb DVT and planning for arteriovenous Fistula (AVF) formation  |  |  |
| Surveillance imaging of AVF  |  |  |
| Transcranial Doppler |  |  |

**Gastrointestinal (GI) Physiology**

|  |  |  |
| --- | --- | --- |
| **Competency**  | **Academic Knowledge**Please provide a detailed account outlining the physics and instrumentation, anatomy and physiology and clinical theory covered during the academic component of your qualification which developed your academic knowledge of each clinical competency.Please include the page number on the application form where learning was demonstratedPlease include the page number on transcript where learning outcomes and academic components are outlinedExpand the table as required. | **Practice Placement** Please provide a detailed account outlining the practical skills which were learned for each clinical competency in a healthcare setting.Please include the page number on the application form where practical learning was demonstratedPlease include the page number on transcript where practical learning outcomes are outlined**Include the approximate number of placement hours spent on each competency** Expand the table as required |
| High Resolution Oesophageal Manometry [ with or without impedance HRiM] |  |  |
| 24 Hour PH and PH impedance monitoring (MMI) |  |  |
| Hydrogen/Methane Breath Testing techniques |  |  |
| High Level Disinfection  |  |  |
| Intubation of Patients  |  |  |
| Administration of Lidocaine  |  |  |
| High Resolution Anorectal Manometry (HRAM) |  |  |
| Urea Breath Testing for Helicobacter Pylori detection  |  |  |
| Advanced interpretation of High Resolution Anorectal Manometry (HRAM) |  |  |
| Advanced Oesophageal HRM +/- HRiM |  |  |
| Advanced pH impedance analysis |  |  |
| Technical aspects of Video Capsule Endoscopy  |  |  |
| Biofeedback therapy  |  |  |

**Section 5 Relevant additional (post qualifying) education and training**

Additional relevant post qualifying education and training may be taken into consideration. Please only include what is relevant to Clinical Measurement Physiology. This is education and training completed after you have been awarded the qualification in Clinical Measurement Physiology for which you are seeking recognition.

Complete a separate table for each course studied.

|  |  |
| --- | --- |
| **Name of educational institution in English:****Name of institution in original language:**  |            |
| **Course title in English:****Course title 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) |
| **Completion date:**       | **Date of qualification award:**       |
| **Certificate number or equivalent:**       | **Study mode:** full-time☐part-time☐distance learning☐other☐ |
| **Type of Course:** |
| **Summary of course content and experience acquired:** |
| **Type of Assessment:**  |

**Section 6: Relevant Post Qualifying Employment in your Clinical Measurement Physiology Profession**

It is important to give sufficient information about your relevant professional post qualifying work experience in this section. This is important because if a deficit is identified in your education and training against the minimum standards of proficiency expected from an Irish graduate, post qualifying work experience will be considered. The Institute and HSE may seek verification from your employers.

Please provide this information in reverse chronological order ie. The most recent first. It will be assumed that you are not working in your profession for any period not accounted for.

Please outline a summary of your experience in your profession since you received the qualification you are seeking to have recognised.

|  |
| --- |
| **Professional Employment**  |
| **Name of employer**  |  |
| **Workplace name if Different**  |  |
| **Address 1:****Address2:****Address3:** |  |
| **Self-employed**  | Yes No |
| **Job title/ position held:** |  |
| **Type of service:**  | public service☐private sector☐ non-governmental organisation☐ other☐ (specify):  |
| **Start date (dd/mm/yyyy):**  | **End date (dd/mm/yyyy):**  |
| **Number of years and months employed:** | **Years**  | **Months**:  |
| **Contract of Employment**  | **Full time****Part-time****Unpaid****Hours per week** |
| **Area of Work:** | **Area of specialism if any:** |
| **Main duties and tasks:** |
| **Skills and knowledge acquired**  |
| **Equipment used** |
| **Level of responsibility: Please describe the level of responsibility and give examples of how you demonstrated this e.g. supervision of staff, responsible for education and training of students on placement.** |
| **Do you work independently or are you supervised?** |
| **Professional supervision: who is / was your line manager?** |
| **Was your supervisor from the profession of Clinical Measurement Physiology?** |
| **Name and Job Title of Supervisor:** |
| **Telephone:** | **Email address:** |
| **Qualifications:** |
| **What is /was the frequency and format of your supervision?** |
| **Employer Certification ( to be provided for your current and most recent employment only)** |
| **I hereby certify that the particulars that I have supplied about this employment are true and accurate to the best of my knowledge and belief** |
| **Line manager/ supervisor** |  | **Official Stamp of Employment**  |
| **Job Title:** |  |
| **Signed:** | **Date:** |
| **Telephone Number:** | **Work Email address:** |

**Section 7: 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 am required to complete the application form in full providing all the requested information and provide all the required supporting documentation. Failure to do so will result in my application not progressing to the assessment stage.
* 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 understand that the discovery of false, incorrect, fraudulent or misleading information, or a failure to provide relevant information, in this application for recognition of qualification, will be taken seriously by the IICMP and will result in any decision pertaining to this process being invalidated.
* **I confirm that those who validated my application form in Section 1B have sent a confirmation email to** **accreditation@iicmp.ie**

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 8: Consent to Background Checks**

In making my application for recognition of my qualifications as part of the process:

1. I understand that, in order to verify the accuracy of the information I have provided, the Institute may undertake background checks to verify the information I have given.

2. I agree that:

 2.1 The Institute may undertake such background checks as it considers appropriate.

 2.2 The Institute may appoint agents as it sees fit to carry out such checks.

 2.3 The recipient of any inquiries made as part of such checks may release information about me which they hold and which is relevant to a request for information made by or on behalf of the Institute,

 2.4 Information I have provided with my application may be used for the purposes of verifications with:

 - any other persons or bodies identified in my application

 -such other third parties as the Institute considers appropriate both in the Republic of Ireland and in other jurisdictions; and that, for the purpose of conducting background checks, the Institute and any agent appointed by the Institute may transfer my personal data outside the European Economic Area to be processed and stored in any appropriate format.

3. I confirm that the information I have provided in my application is true and accurate and understand that, if I have made a false declaration or provided any false information or documents in support of my application, the Institute may refuse my application to have my qualification recognised.

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

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

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

Home address: 

**Section 9: Payment of Application Fee - Application Form**

Please pay your application fee online at: [Recognition of International Qualifications Application Fee](https://iicmp.ie/international-qualifications/#gform_11)

A receipt will be emailed to you.

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

**Section 10: Sending us your application form and supporting documents**

* You must complete this application electronically. Save a version to your PC;

**Handwritten forms will not be accepted.**

* **Obtain all certified documents; refer to checklist**
* **After completing electronically, print your application form and send the relevant pages to your educational institution for certification (section 3). Please note that section three must be emailed directly to** **accreditation@iicmp.ie**  **by the college.**
* **Obtain certification for the work experience you included from your previous employers. Please note section 6 must be emailed directly to** **accreditation@iicmp.ie** **by your employer.**
* **Print and sign the declarations**
* **Email this application form and supporting documents to** **accreditation@iicmp.ie**