

. The AMC may discuss any matter including the subject of the station or stations with the clinical examiner or examiners and any other person involved.

4.2 If the AMC considers:

4.2.1 that the procedural requirements for one or more stations of the clinical examination, as specified in the AMC **Clinical Examination Specifications** booklet current at the time of the examination, were not followed by the AMC in a significant manner or to a significant extent; or the examination was impaired by significant deficiencies in the examination procedures beyond the control of the candidate, then the AMC may set aside the result of the clinical examination awarded to the candidate, in which case the AMC will;

- A. direct that the candidate be offered a further attempt at the whole or part of the clinical examination; and
- B. determine what if any fee is to be paid by the candidate if the offer is accepted.

4.2.2 that the video or audio recording for the station or stations the subject of the appeal are not available or not of sufficient quality to enable the appeal to proceed, then the AMC may set aside the result of the clinical examination awarded to the candidate, in which case the AMC will;

- A. direct that the candidate be offered a further attempt at the whole or part of the clinical examination; and
- B. determine what if any fee is to be paid by the candidate if the offer is accepted.

4.3 If the AMC does not take action under paragraph 4.2 above, then the appeal will proceed as a remark, and the AMC will appoint a firm date if determined by the AMC.



Appeal Application Form
Clinical Examination

CANDIDATE ID NUMBER: _____

FAMILY NAME: _____

GIVEN NAMES: _____

ADDRESS: _____

POSTCODE: _____ STATE: _____ COUNTRY: _____

CONTACT DETAILS

HOME TEL: _____ WORK TEL: _____

MOBILE: _____ EMAIL: _____

You should carefully read the ***Rules Relating to Clinical Examination Appeals*** before completing this form.

Please provide full details below of the details to be considered and ensure the application is accompanied by the relevant fee, including any supporting documentation, as explained in the Rules.

Please indicate the station number/s:

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Clinical Examination code/date this appeal application refers to: _____



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surcharge fee will be added.

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