

## STONZ Career Plan

Trained specialists in Aotearoa, supported every step of the way by STONZ

RMO/Medical student/Trainee intern name: \_\_\_\_\_

Medical school year or PGY level: \_\_\_\_\_

Current medical school or District: \_\_\_\_\_

Specialty/Subspecialty preferences:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

It is important to know at an early to stage what the requirements are to apply for your preferred specialty training. You can find all of the college websites on the STONZ website: [www.stonz.co.nz](http://www.stonz.co.nz)

For your preferred option, it is important to plan which **courses, exams and research** are **required** for application and will **facilitate** your selection.

Which courses are <b>required</b> to apply?	What is the research <b>requirement</b> to apply?
Which courses will <b>facilitate</b> your selection?	What research projects, publications and/or presentations will <b>facilitate</b> your selection?
Which exams are <b>required</b> to apply?	

In which order do you intend to complete your courses, exams and research requirements (including conferences to present your research).

It is reasonable to plan on completing 1 – 3 of these per year:

Year e.g. 2023	Course/Conference/Exam

Please submit this to your local educational supervisor and to us - email a photograph or scan and email to [support@stonz.co.nz](mailto:support@stonz.co.nz) so that we can ensure your New Zealand Specialist career plan is supported by our current and future Collective Agreements.

<b>RMO</b> Signed: _____ Date: _____
Comments:

<b>Educational Supervisor</b> Signed: _____ Date: _____
Comments:

<b>Senior Registrar or Consultant Mentor</b> We strongly advise that you approach consultants or registrars already established on your training program for advice and mentorship. Signed: _____ Date: _____
Comments: