

## Australasian College for Emergency Medicine

## Application for Admission to Membership

#### **Educational Affiliate**

| The ACEM Board may admit as Educational Affiliates, New Zealand (as applicable). | , medical practitioners registered to practise in Australia or |
|--|--|
| Last name:   |  |
| Given names:   | ACEM ID:   |
|  |  |

Name for inscription on Membership Certificate

### College Pledge

As a condition of membership of the Australasian College for Emergency Medicine, I hereby pledge to conduct myself in accordance with the College's Core Values of Respect, Integrity, Equity and Collaboration, as well as its governing Constitution, Regulations, Code of Conduct and associated documents.

In my work and conduct as a medical practitioner, I will uphold the ethical and professional standards expected of a member of the College and as a member of the medical profession.

| Type or sign name: |  |  |
|--------------------|--|--|
|                    |  |  |
|                    |  |  |
|                    |  |  |

### **Educational Affiliate**

| Personal details   |                           |                        |  |
|--|---------------------------|------------------------|--|
| Title:   |                           |                        |  |
| First name:  | Middle:                   | Last name:             |  |
| Preferred<br>name:   | Date of<br>birth:         |                        |  |
| Are you of Aborigin<br>Torres Strait Islander or   | al or Aboriginal<br>igin? | Torres Strait Islander |  |
| Are you descended from M<br>(that is, did you have a Māori birth<br>grandparent or great-grandpare | parent, YeS               |                        |  |
| Are you of Pacific Peoples or  | igin? Yes                 |                        |  |
| Contact details  |                           |                        |  |
| Phone:   | Mobile:                   | Alternate<br>phone:    |  |
| Email 1:   | Email 2:                  | Fax:                   |  |
| Address  |                           |                        |  |
| Residential:   |                           |                        |  |
| City/<br>Suburb/Town   | State:                    | Country:               |  |
| Postcode:  |                           |                        |  |
| Mailing As above address:  |                           |                        |  |
| or   |                           |                        |  |

### **Educational Affiliate**

| Qualificatio           | ons                      |                    |                                 |  |
|------------------------|--------------------------|--------------------|---------------------------------|--|
| Prima<br>Medical Degre |                          |                    | University:                     |  |
| Countr                 | y:                       |                    | Year conferred:                 |  |
| Other degre            | e:                       |                    | University:                     |  |
| Countr                 | y:                       |                    | Year conferred:                 |  |
| Other spe              | cialist college trainees | hips:              |                                 |  |
| Other sp               | ecialist college fellows | hips:              |                                 |  |
| Medical bo             | ard registratior         | n details          |                                 |  |
| Ahpra                  | registration number:     |                    |                                 |  |
| MCNZ                   | registration number:     |                    |                                 |  |
| Continuing             | Professional D           | evelopment         | (for those registered to practi | se in Australia only)  |
|                        |                          | ralian Health Prac | titioner Regulation Agency      | t of my College membership. I<br>(Ahpra) that my alternate CPD |
|                        |                          |                    |                                 | ll have to provide evidence of uant to the CPD Homes Policy    |
| Workplace              | details                  |                    |                                 |  |
| Workplace Name         |                          | Location           | ED?                             |  |

#### **Educational Affiliate**

| Educational Ammate  |
|---|
| Declaration   |
| Question 1  Pursuant to the ACEM Constitution and associated regulations, all Educational Affiliates are required to hold current medical registration. Do you have any suspension, condition, restriction or undertaking, other than those routinely associated with your category of registration, imposed on you by a regulatory authority that limits your having unconditional medical registration in Australia, New Zealand or any other country where you reside or practise? |
| If 'yes', please provide details:   |
| Question 2 If you answered 'NO' to Question 1 above, are you aware of any complaint or other action that may potentially alter your answer to that question?  |
| If 'yes', please provide details:   |
| Question 3 Have you been charged or convicted of a criminal offence (other than minor traffic or other trivial offences)?   |
| If 'yes', please provide details:   |
| Question 4 Are you subject to any restriction or limitation under any mental health law or regulation?  |
| If 'yes', please provide details:   |

#### **Educational Affiliate**

I declare that the answers to the four (4) questions given above have been completed by me, are true and correct, and I undertake to advise the Chief Executive Officer of the College immediately should circumstances arise to alter any of the responses given.

| Type or<br>sign name: |                                    |
|-----------------------|------------------------------------|
| Date:                 |                                    |
|                       | or email to membership@acem.org.au |

#### Annual subscription fee

Payment of the appropriate Educational Affiliate annual subscription fee must be paid prior to admission to membership as an Educational Affiliate. An invoice will be issued once the application has been deemed eligible. The amount payable is calculated according to the following:

- 1. The month during which admission to membership as an Educational Affiliate is anticipated; and
- 2. The country in which the applicant is residing and working at the time the application is made.

Further information on fees and payments is available on the Fees and Payments page on the ACEM website.

The above fee covers the Educational Affiliate membership to 30 June. Fees are due yearly in July.