



APPLICATION FOR ADMISSION TO MEMBERSHIP: CERTIFICANT

The Board may admit as a Certificant medical practitioners who have completed all the requirements for the ACEM postgraduate Emergency Medicine Certificate, including associated assessment and administrative requirements.

PERSONAL / RESIDENTIAL DETAILS

Surname: _____

First Name(s): _____

Preferred Name: _____

Date of Birth: _____ ACEM ID: _____

Home Address: _____

Postal Address: as above **OR** _____

Contact Numbers: Telephone: _____ Fax: _____

Mobile: _____

Email: _____

PROFESSIONAL DETAILS

Work Address: _____

Workplace Type: Public Hospital Other

Private Hospital (please specify): _____

Current Practice: Emergency Medicine Non-ED (specify)

Other: (specify) _____

Position details: Start Date: _____ Full-time Part-time (usual hrs per week): _____

Contact Numbers: Switch: _____ Direct Line: _____

ED/Dept.: _____ Dept. Fax: _____

Email: _____

MEDICAL BOARD REGISTRATION DETAILS

Jurisdiction in which registered: _____ Registration Number: _____ Valid until: _____

MEMBERSHIP OF OTHER COLLEGES

Are you a Fellow of another College? Yes No

Please signify which: ACRRM ANZCA CICM RACGP RACP

Other (*please specify*) _____

Specify sub-specialty (if applicable): _____

PRIVACY DETAILS

Are you willing to have your following details released to other members? i) Home address: Yes No
 ii) Home contact numbers: Yes No
 iii) Home email address: Yes No

DECLARATION**Question 1**

Pursuant to the ACEM Constitution and associated regulations, all Certificants 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?

Yes No 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?

Yes No If 'YES' please supply details:

Question 3

Have you been charged or convicted of a criminal offence (other than minor traffic or other trivial offences)?

Yes No If 'YES' please supply details:

Question 4

Are you subject to any restriction or limitation under any mental health law or regulation?

Yes No If 'YES' please supply details:

I declare that the answers to the four 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.

I further declare that as a Certificant of the Australasian College for Emergency Medicine, I will faithfully observe the requirements of all applicable College regulations, policies and other College documents, as from time-to-time updated, and further, that I will at all times maintain the highest level of practice in emergency medicine. I understand that if at any time I am declared an unfinancial Certificant, my name will be removed from the Register of Certificate holders and my membership of the College shall cease.

Full name: _____

Signature: _____

Date: _____

(Please complete all payment details overleaf)

