



APPLICATION FOR ADMISSION TO MEMBERSHIP:

CERTIFICANT

The Board of the Australasian College for Emergency Medicine (ACEM; the College) 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 DETAILS

Title: _____

First Name: * _____

Middle Name(s): _____

Last Name(s): * _____

Preferred Name: _____

Date of Birth: * _____ ACEM ID: * _____

Are you of Aboriginal or Torres Strait Islander descent?

Aboriginal

Torres Strait Islander

Are you of are you of Māori descent?

Yes

No

Are you of are you of Pacific Peoples descent?

Yes

No

CONTACT DETAILS

Phone Number: * _____

Alternative Phone Number: _____

Email 1: * _____

Email 2: _____

Fax Number: _____

Mobile Number: +__ 0 _____

ADDRESS

Residential Address: _____

City/Suburb/Town: _____

State: _____

Country: _____

Post Code: _____

Mailing Address: as above **OR** _____

QUALIFICATIONS

Primary Medical Degree: _____ Details already on file

Other Traineeships:

Specialist Medical College(s): _____

Other Fellowships:

Specialist Medical College(s): _____

Other Degree:

Degree: _____

University: _____

Country: _____

Conferred Year: _____

MEDICAL BOARD REGISTRATION DETAILS *

AHPRA Registration Number: _____

MCNZ Registration Number: _____

Other:

Country: _____

Authority Name: _____

Registration Number: _____

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 the ACEM Constitution and 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 acknowledge that I am required to comply with the requirements of the ACEM CPD Program. I understand that if at any time I am declared an unfinancial Certificant, my name will be removed from the Register of members and my membership of the College shall cease.

Full name: _____

Signature: _____

Date: _____

ANNUAL SUBSCRIPTION FEE

Payment of the appropriate Certificant annual subscription fee must be paid prior to admission to membership as a Certificant. 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 a Certificant is anticipated; and
- (2) the country in which the applicant is living 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.

Note that the subscription fee covers the Certificant membership to 30 June. Fees are due yearly in July.

Please send the completed form to emcd@acem.org.au for processing.