



APPLICATION FOR ADMISSION TO MEMBERSHIP: DIPLOMATE

The Board may admit as a Diplomat medical practitioners who have completed all the requirements for the ACEM postgraduate Emergency Medicine Diploma, including associated assessment and administration 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 Diplomates 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 Diplomate 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 Diplomate, 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)

APPLICATION FEE 2018/19

Payment of the appropriate Diplomat Annual Fee must accompany the application for admission to membership as a Diplomat. The amount payable is calculated according to: (1) the month during which admission to membership as a Diplomat is anticipated; and (2) the country in which the applicant is living and working at the time the application is made.

Please check appropriate payment amount.

Admission Period	Australia (including GST)	NZ & OS (no GST)
July – September 2018	<input type="checkbox"/> \$ 306	<input type="checkbox"/> \$ 278
October – December 2018	<input type="checkbox"/> \$ 230	<input type="checkbox"/> \$ 209
January – March 2019	<input type="checkbox"/> \$ 153	<input type="checkbox"/> \$ 139
April – June 2019	<input type="checkbox"/> \$ 77	<input type="checkbox"/> \$ 70

Note that the above fee only covers the Annual Diplomat Membership Subscription to 30 June 2019. Annual Diplomat Membership Subscription Fees are due yearly in July.

Fees ARE payable in Australian currency

Credit Card No: _____ : _____ : _____ : _____

Expiry Date: _____ : _____

CARD TYPE: Visa MasterCard AMEX

I, the cardholder named below, authorise ACEM to debit my credit for the amount indicated in the relevant Fee Schedule above.

Signature: _____ Date: _____

Cardholder's Name: _____ Home Tel: _____ Mobile: _____