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## INTERNATIONAL EMERGENCY MEDICINE NETWORK COUNTRY / REGION LIAISON REPRESENTATIVE

### 1. NOMINEE

Full Name	
ACEM membership no.	
Email	
Telephone	
Current Position and Place of Work	
Country / Region	

### 2. ELIGIBILITY

I am an ACEM Fellow of good standing with the College  Yes  No

I am an ACEM Fellow of good standing with the Australian Health Practitioner Regulation Agency  Yes  No

**3. LIST OF CURRENT EM ACTIVITIES AND PARTNERS WITHIN THIS COUNTRY/REGION**

**4. DESCRIBE YOUR OWN PAST AND CURRENT EMERGENCY MEDICINE LINKAGES AND ACTIVITIES WITHIN THIS COUNTRY/REGION**

**5. DESCRIBE YOUR FUTURE MEDIUM-TO-LONG TERM COMMITMENT TO THIS COUNTRY/REGION**

**6. SIGNATURE AND ACKNOWLEDGEMENT**

I declare that I am in good standing with the Australasian College for Emergency Medicine (ACEM) and the Australian Practitioners Health Regulation Agency (AHPRA). I have read the IEM Network Country/Region Liaison Representative Position Description and am willing to fulfill the key responsibilities as per the Position Description.

Signature of Nominee: ..... Date: .....

**7. SUBMISSION PROCESS**

Applications may be made at any time.

Applications will be reviewed by the International Emergency Medicine Committee.

Please submit applications via e-mail to [iemnetwork@acem.org.au](mailto:iemnetwork@acem.org.au)