



Australasian College for Emergency Medicine

Specialist Assessment / Area of Need Pathways Pro Forma Curriculum Vitae

Please complete this form electronically. ACEM will not accept a curriculum vitae written by hand.

PERSONAL DETAILS

Family Name (Surname)		
Given Names		
Date of Birth		
Gender		
Current Work Address		
Phone		
	(W)	(Fax)
Current Home Address		
Phone		(M)
	(W)	(Fax)
Main email address		
Secondary email address		

QUALIFICATIONS

Primary Medical Qualification (MBBS or equivalent)

Qualification title:	
Year Qualified:	
Year Awarded:	
Country of Training:	
Medical School:	
Controlling University:	
Was a period of internship included in qualification? If yes, what dates? (include month/year) From _____ To _____	

Specialist Qualification (Principal/Highest)

Qualification title:	
Year Qualified:	
Year Awarded:	
Country of Training:	
Awarding Institution:	
Duration of training (years)	

Current & All Previous Medical Licensing Authorities

Type of registration (indicate if licensed to practice as a specialist or not)	Date (from/to)	Registering authority	Any restrictions/conditions or undertakings?

Memberships of Professional Organisations

Please include memberships of all relevant organisations	
Date From/To	Organisation

TRAINING**Certificates & Courses**

Please list all relevant courses attended and certificates gained	
Date	Course/Certificate

Specialist Examinations:

Please include examination details			
Dates	Institution	Subject/s	Components of Examination (MCQ, Viva Voce, Clinical)

Sub-Specialist Examinations:

Please include examination details			
Dates	Institution	Subject/s	Components of Examination (MCQ, Viva Voce, Clinical)

Clinical/Procedural Skills:

Competent	Observed

EXPERIENCE IN TEACHING, RESEARCH and PROFESSIONAL ACTIVITIES***Teaching Experience***

Please list all experience you have gained in delivering medical education (including the dates and institutions). Include formal appointments of academic institutions.	
Dates	Institution

Audit Participation Reports and Research Experience

Summarise

Published Research Papers

List papers and publications

EMPLOYMENT HISTORY

Please list <i>all</i> employment (before, during and after specialist training) in chronological order starting with your current/most recent position. Please include those positions held during your medical training (including your internship) and any other employment prior to specialist training. Also provide an explanation for any gaps that appear in your employment history.

Provide complete address details of all positions and brief description of day to day duties. Clearly identify your intern year (PGY1) and other years between obtaining medical degree and commencing specialist training.
Copy table as required.

EMPLOYMENT IN SPECIALIST PRACTICE (after award of principal specialist qualification)

Start/end dates (MM/YY)	
Institution/Hospital	
Position title	
Location	
Registering Authority	
Duties	

Start/end dates (MM/YY)	
Institution/Hospital	
Position title	
Location	
Registering Authority	
Duties	

Start/end dates	
Institution/Hospital	
Position title	
Location	
Registering Authority	
Duties	

EMPLOYMENT BEFORE OR DURING SPECIALIST TRAINING

Start/end dates	
Institution/Hospital	
Position title	
Location	
Registering Authority	
Duties	

Start/end dates	
Institution/Hospital	
Position title	
Location	
Registering Authority	
Duties	

Start/end dates	
Institution/Hospital	
Position title	
Location	

Registering Authority	
Duties	

REFEREE DETAILS

Please list the name, title and contact details of three referees.			
	Referee 1	Referee 2	Referee 3
Name:			
Position:			
Address:			
Phone Number:			
Email Address:			
Recent contact year:			

OTHER ACTIVITIES

Please include details of any other important activities: (you should include details of other relevant professional activities or achievements (e.g. officer bearer in a professional organisation, course instructor or examiner appointment).

CONTINUING PROFESSIONAL DEVELOPMENT

Please include details of any continuing professional development activities you have undertaken in the last three years:

Verification Statement

I verify that the information contained within this Curriculum Vitae is true and correct at:

DD MM YYYY

Name: _____

Signed: _____