



Australasian College for Emergency Medicine

Curriculum Vitae

Specialist International Medical Graduate

How to complete this form

- Download this Curriculum Vitae template to your computer and fill it out it using [Adobe Acrobat Reader](#), free to download [here](#).
- You must complete this form electronically. ACEM will not accept a curriculum vitae written by hand.
- When copying and pasting text, ensure you have clicked the required entry field and the cursor is flashing before pasting.

1. Personal details

Name:

Title:

Date of birth:

Gender:

Current work address:

Current work phone:

Current home address:

Current home phone:

Main email address:

Secondary email address:

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2. Qualifications

2.1 Primary medical qualification (MBBS or equivalent)

Qualification title:

Training start and end date:

Year Qualified:

Year Awarded:

Country of Training:

Medical School:

Controlling University:

Was a period of internship included in qualification?

If yes, what dates (month/year)?

From:

To:

2.2 Specialist qualification (principal/highest)

Qualification title:

Training start and end date:

Year Qualified:

Year Awarded:

Country of Training:

Awarding institution:

Duration of training (years):

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3. Current and all previous medical licencing authorities

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

4. Memberships of professional organisations

Please include memberships of all relevant organisations

Date		Organisation:
From:	To:	

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5. Training

5.1 Courses and certificates

Please list all relevant courses attended and certificates gained

Date		Course/Certificate:
From:	To:	

5.2 Training rotations undertaken during specialist training

PGY	Rotation type	Hospital location	Duration in months	Dates (optional)

(please attach further documentation if additional rotations were undertaken during specialist training)

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5.3 Specialist examinations

Please list examination details

Dates	Institution	Subjects	Components of the examination (MCQ, viva voce, clinical)

5.4 Sub-specialist examinations

Please list examination details

Dates	Institution	Subjects	Components of the examination (MCQ, viva voce, clinical)

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5.5 Clinical/procedural skills

Competent	Observed

6. Experience in teaching, research and professional activities

6.1 Teaching experience

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

Dates	Institution

Summarise your experience with audit participation reports and research experience

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List your published research papers and their publications

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7. Employment History

List all employment (before, during and after specialist training) in chronological order starting with your current/most recent position.

Please include:

- complete address details of all positions,
- a brief description of day to day duties,
- positions held during your medical training (including your internship),
- any other employment prior to specialist training,
- an explanation for any gaps that appear in your employment history and
- clearly identify your intern year (PGY1) and other years between obtaining your medical degree and commencing specialist training.

Attach further documentation as required, copying the table format below.

7.1 Employment in specialist practice (after award of principal specialist qualification)

Start/end dates (MM/YY)	
Institution/Hospital	
Position title	
Address	
Registering authority	
Duties	

Start/end dates (MM/YY)	
Institution/Hospital	
Position title	
Address	
Registering authority	
Duties	

Start/end dates (MM/YY)	
Institution/Hospital	
Position title	
Address	
Registering authority	
Duties	

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7.2 Employment before or during specialist training

Start/end dates (MM/YY)	
Institution/Hospital	
Position title	
Address	
Registering authority	
Duties	

Start/end dates (MM/YY)	
Institution/Hospital	
Position title	
Address	
Registering authority	
Duties	

Start/end dates (MM/YY)	
Institution/Hospital	
Position title	
Address	
Registering authority	
Duties	

7.3 Referee details

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			

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8. 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)).

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9. Continuing professional development

CPD Program	
Summary of CPD program annual requirements	

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

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10. Verification statement

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

Date

Name

Signature