

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 <u>Adobe Acrobat Reader</u>, free to download <u>here</u>.
- 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 (ME	BBS or equivalent)		
Qu	ualification title:			
Tra	raining start and end date:			
Ye	ear Qualified:			
Ye	ear Awarded:			
Со	ountry of Training:			
Мє	edical School:			
Со	ontrolling University:			
Wā	as a period of internship included in q	ualification?		
lf y	yes, what dates (month/year)?	From:	То:	
2.2	2 Specialist qualification (principal	/highest)		
Qu	ualification title:			
Tra	raining start and end date:			
Ye	ear Qualified:			
Ye	ear Awarded:			
Со	ountry of Training:			
Aw	warding institution:			
Du	uration of training (years):			

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3. Current and all previous medical licencing authorities

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

4. Memberships of professional organisations

Please include memberships of all relevant organisations

Date		
From:	То:	Organisation:

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5. Training

5.1 Courses and certificates

Please list all relevant courses attended and certificates gained

Date		
From:	То:	Course/Certificate:

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 where 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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Cor	Competent		Observed
6.	Experience	e in teaching, research a	nd professional activities
		3, 1000.00	
61	Tooching ovno	rionco	
6.1	Teaching expe	rience	
List	t all experience y	ou have gained in delivering medical clude formal appointments of acade	l education (including the dates
Dat		Institution	inic institutions.
Dat		mattation	
Sur	mmarise your exp	perience with audit participation repo	orts and research experience
List	t your published	research papers and their publicatio	ns

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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	
Duties	
Start/end dates (MM/YY)	
Institution/Hospital	
Position title	
Address	
Dogistoring authority	
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).
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:
10. Verification statement
I verify that the information contained within this Curriculum Vitae is true and correct at: Date

Name Signature