



APPLICATION FOR ENROLMENT – NON-MEMBER PARTICIPANT

Applicants should review both the [Specialist CPD Participation Policy](#) and the [Non-Specialist CPD Participation Policy](#) to ensure eligibility to enrol in the applicable CPD program and are familiar with the relevant requirements before completing this application form.

Medical practitioners registered to practise in Australia or New Zealand (as applicable) and whose practice is principally in the area of emergency medicine, and are not eligible for membership in any other category may wish to consider applying for admission to College membership as an [Educational Affiliate](#).

- I wish to enrol in the ACEM Specialist CPD Program; or
- I wish to enrol in the ACEM Non-Specialist CPD Program.

PERSONAL / RESIDENTIAL DETAILS

Surname: _____

First Name(s): _____

Preferred Name: _____

Date of Birth: _____ ACEM ID (if applicable): _____

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: _____



AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE

ACEM CPD PROGRAM

Form Nr: CPD424
Last revised: June-2018

MEDICAL REGISTRATION DETAILS

Country in which registered: _____ Registration Number: _____ Valid until: _____

CONTACT POINTS

The preferred/most effective means of contact are as follows: (Please check appropriate boxes)

Mail:	Telephone:		Fax:	Email:
<input type="checkbox"/> Home address	<input type="checkbox"/> Home telephone	<input type="checkbox"/> Work (switch)	<input type="checkbox"/> Home fax	<input type="checkbox"/> Home email
<input type="checkbox"/> Work address	<input type="checkbox"/> Mobile	<input type="checkbox"/> Work (ED)	<input type="checkbox"/> Work fax	<input type="checkbox"/> Work email
<input type="checkbox"/> Postal address		<input type="checkbox"/> Work (direct)		

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): _____



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APPLICATION FEE 2017/18

Please check appropriate payment amount.

Admission Period	Australia (including GST)	NZ & OS (no GST)
July – June 2018	<input type="checkbox"/> \$ 510	<input type="checkbox"/> \$ 464
January – June 2019	<input type="checkbox"/> \$ 255	<input type="checkbox"/> \$ 232

PAYMENT

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: _____

Please return Application Form to ACEM:

Email: cpd@acem.org.au

Fax: +61 3 9320 0400

Address: ACEM, 34 Jeffcott St, West Melbourne, VIC, 3003