



---

## APPLICATION FOR POST-FELLOWSHIP SPECIALTY RECOGNITION IN PAEDIATRIC EMERGENCY MEDICINE

This form should be used for applicants seeking recognition of their paediatric emergency skills obtained prior to 2010 for the purposes of identifying equivalency of their skills to Stage 2 completion of the Paediatric Emergency Medicine Joint Training Program. Successful applicants will be eligible for registration as a Specialist Paediatric Emergency Physician, as detailed in the *Policy for Post-Fellowship Specialty Recognition in Paediatric Emergency Medicine*.

### APPLICANT DETAILS

Surname: \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ ACEM ID: \_\_\_\_\_

### MEDICAL BOARD REGISTRATION DETAILS

State in which registered: \_\_\_\_\_ Registration No: \_\_\_\_\_ Valid until: \_\_\_\_\_

### PERSONAL / RESIDENTIAL DETAILS

Home Address: \_\_\_\_\_  
Postal Address: **as above** OR: \_\_\_\_\_  
Contact Telephone: \_\_\_\_\_  
Numbers: Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

### DOCUMENT CHECKLIST

- Current Curriculum Vitae
- Certified copies of in-training assessments or if not available, evidence of competency in the learning outcomes and core components of the PEM training program
- Details of relevant training course/program, if applicable
- Evidence of currency and relevant completed CPD activities in paediatric emergency medicine
- Two letters of recommendation by Senior Paediatric Emergency Specialists
- One letter of recommendation by Clinical Director

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_