



## Australasian College for Emergency Medicine

# Declaration Concerning Retirement from Practice as a Specialist Emergency Physician

## Retirement Form

### Retirement Declaration

Pursuant to the provisions of the Constitution of the Australasian College for Emergency Medicine (ACEM; the College), I do solemnly and sincerely declare that I have completely and permanently retired from practice, including related activities such as teaching and examining, as a specialist emergency physician and wish to be recognised by the College as a Retired Fellow.

I confirm that I have ceased to act as an expert witness in the field of emergency medicine, except in:

- cases for which I have already provided an opinion prior to the date of signing this Retirement Declaration; and
- cases which deal with medical practices current during any time I was in active practice as a specialist emergency physician and prior to my signing this Retirement Declaration.

### Reinstatement to Active Fellowship

Should I at any time wish to resume clinical practice as a specialist emergency physician (or undertake any specialist work in emergency medicine) and be reinstated as an active Fellow, I undertake to notify the College in writing forthwith and submit a *Reinstatement to Fellowship* application. I understand that such application may be subject to an application assessment fee and a reinstatement to membership fee, as published on the ACEM [website](#).

I acknowledge that reinstatement to active Fellowship will be at the discretion of the ACEM Board and that I will be required to satisfy the requirements of the ACEM Continuing Professional Development Program and such other conditions as are deemed appropriate by the ACEM Board. I understand that such conditions may include the requirement to undertake a re-entry to practice program, payment of a further membership fee, and/or payment of any arrears.

Declared on this \_\_\_\_\_ day of \_\_\_\_\_

Name of Declarant \_\_\_\_\_

ACEM ID \_\_\_\_\_

Residential Address \_\_\_\_\_

Signature of  
Declarant: \_\_\_\_\_

Send completed form to [membership@acem.org.au](mailto:membership@acem.org.au)