



APPLICATION FOR ADMISSION TO MEMBERSHIP: INTERNATIONAL AFFILIATE – DEVELOPING COUNTRY

In order to apply for International Affiliate membership of the Australasian College of Emergency Medicine (ACEM, the College) the medical practitioner must:

- Hold a Master of Medicine degree in Emergency Medicine (EM) or equivalent degree from an university in a developing country (as defined by the College)
- Be in living in a Developing Country (refer to list)
- Be working in a Developing Country (refer to list) in the field of EM

Membership as an International Affiliate cannot be awarded to a Fellow of the College or to a person holding any other level of membership of the College.

PERSONAL / RESIDENTIAL DETAILS

Surname: _____

First Name(s): _____

Preferred Name: _____

Date of Birth: _____

Home Address: _____

Country: _____

Postal Address: as above **OR** _____

Contact Numbers: Telephone: _____ Fax: _____

Mobile: _____

Email: _____

PROFESSIONAL DETAILS

Employer: _____

Work Address: _____

Country: _____

Workplace Type: Public Hospital Other

Private Hospital (please specify): _____

Current Practice Setting: Emergency Medicine

Other: (specify) _____

Position details: Start Date: _____ Full-time Part-time (usual hrs per week): _____

Contact Numbers: Main line: _____ Direct Line: _____

ED/Dept.: _____ Dept. Fax: _____

Email: _____

Qualifications

(If insufficient space, please provide required information as a separate attachment)

Primary Medical Qualifications

Qualification _____

Awarding Institute _____

Date Awarded _____

Qualification _____

Awarding Institute _____

Date Awarded _____

Qualification _____

Awarding Institute _____

Date Awarded _____

Current Employment – Contact details for verification

Please provide the contact details of your current employer so the College can contact them to verify your employment.

Employer contact name: _____

Employer position: _____

Contact email _____

Contact phone number: _____

FACEM-referee nomination

Please provide the name of a Fellow of ACEM (FACEM) that the College can contact to verify your application

First Name: _____

Surname: _____

ACEM ID (If known): _____

DECLARATION**Question 1**

Pursuant to the ACEM Constitution and associated regulations, all International Affiliates are required to hold current medical registration. Do you have any suspension, condition, restriction or undertaking, other than those routinely associated with your category of registration, imposed on you by a regulatory authority that limits your having unconditional medical registration in any country where you reside or practice?

Yes No If 'YES' please provide details:

Question 2

If you answered 'NO' to Question 1 above, are you aware of any complaint or other action that may potentially alter your answer to that question?

Yes No If 'YES' please supply details:

Question 3

Have you been charged or convicted of a criminal offence (other than minor traffic or other trivial offences)?

Yes No If 'YES' please supply details:

Question 4

Are you subject to any restriction or limitation under any mental health law or regulation?

Yes No If 'YES' please supply details:

I declare that the answers to the four questions given above have been completed by me, are true and correct, and I undertake to advise the Chief Executive Officer of the College immediately should circumstances arise to alter any of the responses given.

I further declare that as an International Affiliate of the Australasian College for Emergency Medicine, I will faithfully observe the requirements of all applicable College regulations, policies and other College documents, as from time-to-time updated, and further, that I will at all times maintain the highest level of practice in emergency medicine.

Full name: _____

Signature: _____

Date: _____

ACEM Non-Specialist CPD Program Declaration

I acknowledge that as part of my membership of ACEM I am required to participate in and comply with the requirements of the ACEM Non-Specialist CPD Program. I understand that if at any time I am declared non-compliant with the Non-Specialist CPD program, my name will be removed from the Register of members and my membership of the College shall cease.

Full name: _____

Signature: _____

Date: _____

APPLICATION FEE:

For applicants from a Developing Country there is no application fee payable.

Please refer to list of Developing Countries on ACEM website to check eligibility.