COVER SHEET: Plan for CPD and Re-Entry to Practice Form

This form is to accompany the **MBA Plan for professional development and re-entry to practice form** for Fellows resuming clinical practice in Australia after an absence of three (3) or more years’ duration.

(It is also to be completed by Retired Fellows seeking reinstatement to active Fellowship and former Fellows seeking reinstatement to membership as a Fellow, when required to do by the ACEM Board.)

# Applicant Details and History

## Applicant Details

|  |  |
| --- | --- |
| Name of Practitioner: |  |
| Member Number: |  |
| Period of absence from practice: | Date from: |  | Date to: |  | Total Years: |  |
| Reason for absence from practice: |  |

## Most Recent Previous Clinical Role

|  |  |
| --- | --- |
| Name of Employer: |  |
| Name of Organisation: |  |
| Dates of practice in this role: | Date from: |  | Date to: |  | *(use dd/mm/yy format)* |
| Specialty: |  |
| Role: |  |
| Description of role: |  |

## Additional Previous Clinical Role

|  |  |
| --- | --- |
| Name of Employer: |  |
| Name of Organisation: |  |
| Dates of practice in this role: | Date from: |  | Date to: |  | *(use dd/mm/yy format)* |
| Specialty: |  |
| Role: |  |
| Description of role: |  |

## Attachments

|  |  |
| --- | --- |
|  |  most recent clinical role – documentation relating to description of role *(if available)*  |
|  additional previous clinical role – documentation relating to description of role *(if available)*  |

# Learning Needs Analysis

When completing the Learning Needs Analysis section for the MBA **Plan for professional development and re-entry to practice** form please note that your needs analysis must address the ACEM Curriculum Framework:

|  |  |
| --- | --- |
| * Medical Expertise
* Prioritisation and Decision Making
* Communication
* Leadership and Management
* Health Advocacy
* Scholarship and Teaching
* Professionalism
 | https://acem.org.au/getmedia/9a4eb9ef-4099-45ca-b6a4-4f6d6f3fb1cb/ACEMCurriculumFramework_png.png.aspx |

# APPROVAL OF THE PLAN

 The plan is APPROVED without modification

 The plan is APPROVED with modifications as follows:

|  |
| --- |
|  |

 The plan is NOT APPROVED for the following reasons:

|  |
| --- |
|  |

Signature of CPD Chair: Date:

*(Please print name):*