



# Australasian College for Emergency Medicine

## Application for Admission to Membership

### Associate

*The Board of the Australasian College for Emergency Medicine (ACEM; the College) may admit as an Associate member, medical practitioners who have completed all the requirements for the ACEM postgraduate Associateship in Intermediate Emergency Medicine or Associateship in Advanced Emergency Medicine including associated assessment and administrative requirements.*

Last name:

Given names:

ACEM ID:

**Name for inscription on Membership Certificate**

Associateship training  
program completed:

### College Pledge

*As a condition of membership of the Australasian College for Emergency Medicine, I hereby pledge to conduct myself in accordance with the College's Core Values of Respect, Integrity, Equity and Collaboration, as well as its governing Constitution, Regulations, Code of Conduct and associated documents.*

*In my work and conduct as an emergency medicine practitioner, I will uphold the ethical and professional standards expected of a member of the College and as a member of the medical profession.*

**Type or sign name:**

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### Personal details

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Title:

First name:

Middle:

Last name:

Preferred  
name:

Date of  
birth:

Are you of Aboriginal or  
Torres Strait Islander origin?

Aboriginal

Torres Strait Islander

Are you descended from Māori?  
(that is, did you have a Māori birth parent,  
grandparent or great-grandparent, etc)

Yes

Are you of Pacific Peoples origin?

Yes

### Contact details

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Phone:

Mobile:

Alternate  
phone:

Email 1:

Email 2:

Fax:

### Address

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Residential:

City/  
Suburb/Town

State:

Country:

Postcode:

Mailing  
address: As above

or

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### Qualifications

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Primary Medical Degree already on file.

Other degree:

University:

Country:

Year conferred:

Other specialist college traineeships:

Other specialist college fellowships:

### Medical board registration details

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Ahpra registration number:

MCNZ registration number:

**Other:**

Country:

Authority name:

Registration number:

### Continuing professional development (for those registered to practise in Australia only)

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I am choosing NOT to participate in the ACEM CPD Program as part of my College membership. I have advised the Australian Health Practitioner Regulation Agency (Ahpra) that my alternate CPD Home is (please select from drop list below):

I understand that as part of ACEM membership requirements, I will have to provide evidence of compliance with my alternate CPD Home on an annual basis pursuant to the *CPD Homes Policy* (COR909).

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### Declaration

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#### Question 1

Pursuant to the ACEM Constitution and associated regulations, all Associate members 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 Australia, New Zealand or any other country where you reside or practise?

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?

If 'yes', please provide details:

#### Question 3

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

If 'yes', please provide details:

#### Question 4

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

If 'yes', please provide details:

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I declare that the answers to the four (4) 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.

Type or  
sign name:

Date:

or email to [emcd@acem.org.au](mailto:emcd@acem.org.au)

## Annual subscription fee

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Payment of the appropriate Associate annual subscription fee must be paid prior to admission to membership as an Associate. An invoice will be issued once the application has been deemed eligible. The amount payable is calculated according to the following:

1. the month during which admission to membership as an Associate is anticipated; and
2. the country in which the applicant is living and working at the time the application is made.

Further information on fees and payments is available on the [Fees and Payments page](#) on the ACEM website.

**The subscription fee covers the Associate membership to 30 June. Fees are due yearly in July.**