



Australasian College for Emergency Medicine

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); and*
- *Be living in a Developing Country; and*
- *Be working in a Developing Country 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.

Last name:

Given names:

ACEM ID:

Name for inscription on Membership Certificate

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

Title:

First name:

Middle:

Last name:

Preferred name:

Date of birth:

ACEM ID:

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

Phone:

Mobile:

Alternate phone:

Email 1:

Email 2:

Fax:

Address

Residential:

City/
Suburb/Town

State:

Country:

Postcode:

Mailing address: As above

or

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Qualifications

**Primary
Medical Degree:**

University:

Country:

Year conferred:

**Masters
Medical Degree:**

University:

Country:

Year conferred:

Other specialist college traineeships:

Other specialist college fellowships:

Medical board registration details

Ahpra registration number:

MCNZ registration number:

Other:

Country:

Authority name:

Registration number:

Continuing Professional Development (for those registered to practise in Australia only)

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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Current employment reference

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

Hospital/
Employer name:

Employer
contact name:

Contact position

Contact email

Contact phone

FACEM referee

Please provide the contact details of a Fellow of ACEM (FACEM) that the College can contact to support your application.

First name:

Surname:

Email address:

ACEM ID
(if known):

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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 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 membership@acem.org.au