

4. Declaration

I certify that:

a) I have no illness or disability that would preclude the safe practice of anaesthesia, intensive care medicine and pain medicine, including dependence on or inappropriate use of alcohol or recreational and/or non-prescribed drugs, and/ or treatment with prescribed drugs likely to compromise the safe practice of anaesthesia, intensive care medicine or pain medicine.

or

I have informed the college of any illness or disability that would preclude the safe practice of anaesthesia, intensive care medicine and pain medicine, including dependence on or inappropriate use of alcohol or recreational and/or non-prescribed drugs, and/or treatment with prescribed drugs likely to compromise the safe practice of anaesthesia, intensive care medicine or pain medicine, and I am receiving appropriate medical care.

and

b) I undertake to notify the college if I develop an illness or disability that would preclude the safe practice of anaesthesia, intensive care medicine and pain medicine, including dependence on or inappropriate use of alcohol or recreational and/or non-prescribed drugs, and/or treatment with prescribed drugs likely to compromise the safe practice of anaesthesia, intensive care medicine or pain medicine.

and

c) I am aware of and abide by the ANZCA Academic Integrity Policy

Signature: _____

Date:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Eligibility confirmation

Applicants must have fulfilled all eligibility requirements at the date of application, or will do so by the date of the written section of the relevant examination. In the latter circumstance an applicant must provide a written statement from his or her supervisor of training certifying that he or she will have completed all entrance requirements by that date. (Regulations 36.19.2)

These eligibility requirements must be met and submitted to the college at least two weeks prior to date of the written section of the examination.

Supervisors comments (if any):

Supervisor Name: _____

SOT Signature: _____

Date:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

ANZCA ID:



6. Payment details.

The examination fee must be paid at the time of application to sit the DHM exam (regulation 37.5.2.7.1).

Australia \$A 2130.00

New Zealand \$NZ 2685.00 includes 15% GST

Please charge my credit card (please tick one)



Credit card number:

Expiry date:

Name on card: _____

Cardholder's signature: _____

Email the completed form along with the payment details to: dhm@anzca.edu.au. Applications are accepted via email only.

All fees must be paid in full, no payment plans will be granted.