



Australian and New Zealand College of Anaesthetists
ABN 82 055 852

Congratulations on your progress towards Fellowship.

To apply for Fellowship by Training and Examination you must complete the following three forms and submit them to the College two weeks prior to the Council Meeting at which you are seeking admission.

Please ensure that each form is duly signed and dated.

We also ask that you do an online check to ensure that all requirements have been met. These are listed in the checklist below for your convenience.

Once again congratulations!

*Cherie S Wilkinson
EO, Examinations and Training*

CHECKLIST FOR FELLOWSHIP

- Completed and documented 60 months of Approved Training, of which
 - At least 33 months Clinical Anaesthesia
 - At least 3 months Intensive care
 - 24 months in any combination of
 - Intensive Care Medicine
 - Neonatal Intensive Care
 - Pain Medicine
 - Clinical Medicine
 - Emergency Medicine
 - A formal research program of at least six months duration
 - Any other relevant training experience
- Primary Examination
- Completed Modules 1 through 12
- Final Examination
- EMAC or EMST course or equivalent
- Paid all Annual Training Fees (five)



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**Application for Fellowship
by Training and Examination**

To the Chief Executive Officer, I,.....
(Please print full name)]

of
(Please print home address)]

in the State/Territory of.....having passed the Final Examination on and now having completed the required Basic and Advanced Training, I hereby apply for admission to Fellowship of the Australian and New Zealand College of Anaesthetists under the provisions of Regulation 6.4.

I certify that I am free from dependency on recreational and/or non-prescribed drugs, and have no illnesses that would preclude the safe practice of anaesthesia. I undertake to inform the College if I develop a dependence on recreational and/or non-prescribed drugs, or if I develop an illness that would preclude the safe practice of anaesthesia.

I acknowledge that any drug or chemical dependency by me or condition which precludes the safe practice of anaesthesia may prevent my admission to Fellowship.

I agree that all communications made by the Council of the College or any of its officers and all answers made and all communications of every kind in relation to this my Application for Fellowship of the College shall for all purposes be absolutely privileged.

Signature: Date:



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**PRIVACY ACT 1988
COLLECTION STATEMENT**

The Australian and New Zealand College of Anaesthetists collects and holds information provided by you for the purpose of administering your Fellowship of the College.

Your details may be used by the College to send you mailings containing information relating to the College, anaesthesia practice and continuing professional development.

Please indicate whether you wish to receive periodic mailings from the College.

YES / NO

In 2008, the College will be adding a Register of Fellows on the College's website which will only be accessible to ANZCA Fellows. The Register will include:

- o Name
- o Qualifications
- o FANZCA date and Diploma Number
- o Postal address
- o Email (optional)

Please indicate whether you wish to be included in the Register of Fellows on the College website (accessible to ANZCA, FPM and JFICM Fellows only).

YES / NO

Signature: Date:

If we do not hear from you, the College will assume that you no longer wish to receive College mail outs or be placed on the Register.

The information collected and held cannot be disclosed to third parties except as required by Law. If you wish at any time to request access to the information you have provided, you may contact the College's Privacy Officer:

Ms Carolyn Handley
Director, Corporate
ANZCA House
630 St Kilda Road
MELBOURNE VIC 3004

Tel: 03 9510 6299
Email: corporate@anzca.edu.au



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Medical Practitioner Information

This advice is used by Australian citizens and permanent residents of Australia. Temporary residents (including New Zealand citizens) will need to make a written application to Medicare Australia (form available on Medicare Australia's website: <http://www.medicareaustralia.gov.au>)

Full Name of Medical Practitioner	
Date of Birth	
Current Australian Address	
Medical Registration Number (must have current medical registration)	
Provider Number issued by Medicare Australia	

Signature of medical practitioner:

(For College/Faculty/Chapter use)

From the information above, I advise that the medical practitioner listed meets the criteria for specialist recognition in accordance with section 3D of the *Health Insurance Act 1973* and is eligible to be recognised as a specialist in

..... *(name of specialty)*

Date the specified qualification for the specialty was awarded:

.....

Name:

Signature:

Position:

Date: