



Australian and New Zealand College of Anaesthetists

ABN 82 055 042 852

Fellowship by Training and Examination requires the following forms to be completed and submitted to the College (refer the ANZCA website for application closing dates). Please ensure that each form is signed and dated appropriately.

We also ask that you check your Trainee Profile to ensure that all training documentation has been submitted. (Please refer to the checklist below.)

*Carolyn Handley
Deputy Chief Executive Officer*

Training Documentation Checklist

Prevocational medical education and training (PMET)

- 104 weeks of PMET

Basic training

- Completion of a minimum of 104 weeks of approved training (must contain 52 weeks of clinical anaesthesia)
- Primary examination
- Curriculum modules 1, 3 and one of 4 to 10

Advanced training

- Completion of a minimum of 156 weeks of approved training
- Final examination
- Curriculum modules 4 to 12

Approved training

- A minimum of 143 weeks of clinical anaesthesia
- A minimum of 13 weeks of compulsory intensive-care medicine (see Regulation 15.5.2.2)
- 104 weeks in any combination of (see Regulation 15.5.2.3)
 - Clinical anaesthesia
 - Intensive care medicine
 - Neonatal intensive care
 - Pain medicine
 - Clinical medicine
 - Emergency medicine
 - A formal research program of at least 26 weeks duration
 - Any other relevant training experience

Other

- EMAC OR EMST course or equivalent
- Paid all annual training fees (at least five full fees)



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**APPLICATION FOR ADMISSION TO FELLOWSHIP
BY TRAINING AND EXAMINATION**

To the Chief Executive Officer, I

(Please print name in capitals as you would like it to appear on your ANZCA Diploma)

of:

(Please provide address including postcode to which your diploma should be posted.)

ANZCA ID:

Having passed the Final Examination on and completed all training requirements, I hereby apply for admission to Fellowship of the Australian and New Zealand College of Anaesthetists under the provisions of Regulation 6.5.

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.

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.

c) I acknowledge that any condition which could preclude the safe practice of anaesthesia, intensive care medicine or pain medicine, including personal drug or chemical dependence, may prevent my admission to Fellowship.

d) 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 Admission to Fellowship of the College shall for all purposes be absolutely privileged.

Name: Signature: Date:



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FELLOWSHIP PLEDGE

I hereby pledge myself as a condition of Fellowship of the Australian and New Zealand College of Anaesthetists to obey all Regulations of the College.

Applicant

Name: Signature: Date:.....

Witness

Name: Signature: Date:.....

**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

If we do not hear from you, the College will assume that you would like to receive College mail outs.

The information collected and held cannot be disclosed to third parties except as required by law. Personal information is retained where necessary in accordance with the ANZCA records disposal schedule. 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
Deputy Chief Executive Officer
ANZCA House
630 St Kilda Road
MELBOURNE VIC 3004
Telephone +61 3 9510 6299
Email: ceoanzca@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: 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 OFFICE USE ONLY

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 **Anaesthesia**.

Date the specified qualification for the specialty was awarded:.....

Name:

Signature:

Date: