



**Australian and New Zealand College of Anaesthetists**

ABN 82 055 852

*To apply for Fellowship by Training and Examination you must complete the following forms and submit them to the College (see 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*

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**Training Documentation Checklist**

**PMET**

Submitted documentation for 24 months of PMET

**Basic Training**

- Completion of a minimum of 24 Months of **Approved Training** (must contain 12 months of Clinical Anaesthesia)
- Primary Examination
- Curriculum Modules 1, 2, 3 & one of 4 – 10 (within the dates of Basic training)

**Advanced Training**

- Completion of a minimum of 36 Months of **Approved Training**
- Final Examination
- The remainder of Curriculum Modules 4 -12

**Approved Training** should consist of:

- A minimum of 33 months of Clinical Anaesthesia
- A minimum of 3 months of compulsory Intensive Care Medicine (see Regulation 15.5.2.2)
- 24 months in any combination of
  - Clinical Anaesthesia
  - 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

**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 print home address including postcode)*

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 6.5.

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.

**Applicant**

Name: ..... Signature: ..... Date: .....

**Witness**

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
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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. 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  
t +61 3 9510 6299



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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](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: .....

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**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: .....

Position: .....

Date: .....