



**College of Intensive Care Medicine
of Australia and New Zealand**
ABN: 16 134 292 103

Document type: Form
Category: Training
Date last reviewed: 2019

APPLICATION FOR ADMISSION TO FELLOWSHIP

I hereby pledge myself as a condition of Fellowship of the College of Intensive Care Medicine of Australia and New Zealand to obey the Constitution and abide by all Regulations of the College.

After completing the prescribed training and examination requirements, I apply for admission to the College of Intensive Care Medicine of Australia and New Zealand.

I authorise the College to provide advice of my Admission to Fellowship to enable the Health Insurance Commission to grant automatic recognition as a specialist.

Signature of Applicant: Date:

FULL NAME (to appear on Diploma):

.....

(BLOCK LETTERS)

ADDRESS (to which Diploma can be sent):

.....

.....

.....

(BLOCK LETTERS)



College of Intensive Care Medicine of Australia and New Zealand

ABN 16134292103

MEDICAL PRACTITIONER INFORMATION

This form is for use by **Australian citizens** and **permanent residents of Australia only**. Temporary residents (including New Zealand citizens) will need to make a written application to Medicare Australia (form available on Medicare Australia's website).

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 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

Date the specified qualification for the specialty was awarded:

Name:

Signature:

Position:

Date:

