Fellowship Examination Application

To be eligible to sit the FPM Fellowship Examination trainees must apply and pay the examination fee by the closing date in addition to meeting the following eligibility criteria as specified in the by-laws.

2015 training program trainees:
Completion of one long case assessment and two in-training assessments. Please note a Fellowship Examination Application can be submitted prior to the September Long Case Assessment being sat and passed.

Pre-2015 training program trainees:
Completion of one long case assessment and two in-training assessments and completion of the clinical case study.

1. Personal information

College ID: __ / __ / __ / __ / __ Name: ____________________________

2. Exam Dates and Venues

Written examination –November 4, 2016

Please select your preferred written examination venue from those listed below: _____________________________

Australia: Adelaide, Brisbane, Canberra, Hobart, Melbourne, Perth, Sydney, Townsville
New Zealand: Auckland, Christchurch, Wellington
Other FPM Regions: Hong Kong, Singapore

Clinical examination –November 26, 2016 (Melbourne)

3. Declaration

I certify that I have no illness or disability that would preclude the safe practice of 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 pain medicine. I undertake to notify the Faculty if I develop an illness or disability that would preclude the safe practice of 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 pain medicine.

Signature: ____________________________ Date: __ / __ / __
4. Payment

The 2016 Examination Fee is

- Australian and overseas trainees - AUD 3,843
- New Zealand trainees – AUD 4,179

Cheque, Bank Draft or Money Order attached

(Payable to ANZCA and crossed “Non-Negotiable”)

Credit card number

Expiry date

Name on Card: __________________________   Cardholder’s Signature: __________________________

Send the completed form and payment to be Faculty by the closing date, **September 30, 2016**: 

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