

## 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. Candidates who are successful in the written section will be invited to the viva voce examination.

**Trainees who commenced training from 2015 onwards:**

Completion two in-training assessments.

**Pre-2015 training program trainees:**

Completion two in-training assessments and completion of the clinical case study.

Candidates with a chronic illness or disability who wish to apply for a special consideration must submit fully documented application to the chair, Examination Committee at least four weeks prior to the published closing date.

### 1. Personal information

College ID: \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

### 2. Exam Dates and Venues

#### Written examination – October 5, 2018

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

#### Viva voce examination – November 24, 2018 (Melbourne)

### 2. Notice

Only the successful candidates in the Written examination will be invited to sit the Viva Voce examination.

### 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: \_\_\_/\_\_\_/\_\_\_

