



## Application to join ACSEP CPD Program (CPD Homes Member)

**Title:** Choose an i

**First Name:**

**Surname:**

**Preferred Contact details:**

Private Contact Details

Practice Contact Details

**Address:**

**Suburb:**

**State/Region:**

**Post code:**

**Country:**

**Preferred contact number:**

**Preferred contact email:**

**ACSEP CPD Program participants are required to hold current registration with either AHPRA or MCNZ, please confirm your registration below as applicable:**

- I confirm that I hold current registration to practice as Medical Practitioner with AHPRA
- I confirm that I hold current registration to practice as Medical Practitioner with MCNZ.

**Please provide details of your connection to, or on-going interest in, the field of Sport and Exercise Medicine:**

**Is there any other information you would like the CPD Committee to consider when assessing your application?**

Please email this form together with a copy of your current CV to the ACSEP CPD team at [fellows@acsep.org.au](mailto:fellows@acsep.org.au). This will be reviewed by the ACSEP CPD Committee and you will receive an outcome via email.

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