



FORM AD2.8 Written Fellowship Examination - Application Form

To sit the ACSEP Written Fellowship Examination, the Applicant must have completed ALL ACSEP Training Program Deliverables. If the Applicant has any outstanding tasks, they must submit a request for special consideration to sit the Exam with these tasks still outstanding. In this case, Applicant must complete Section 2 of this form. The Examination Fee is due once this Application Form has been approved.

Applicant's Name:			
Year of Training:		Training Program Year:	
	Do you intend to sit this exam?		What number attempt will this be?
Fellowship (Part 2) Exam: Written - Multiple Choice	YES	NO	
Fellowship (Part 2) Exam: Written - Short Choice	YES	NO	

SECTION 1: TRAINING PORTFOLIO

The Training Committee, Examination & Assessment Committee and Research Committee assesses the Applicant's Training Program Portfolio (as per uploaded in the LMS) to ensure all required tasks are satisfactory completed.

Training Program Deliverable	Response NA to be used only by OTS Applicants
Is currently within their 4th FTE, or later, Year on the Training Program	
1.4 - Attended the required number of ACSEP Conferences	
6.1 - Presented at the required number of Registrar Conferences	
1.5 - Training Logbook has been kept and maintained each year	
1.6 - Log of procedural skills are complete	
2 - All Workplace Based Assessments have been completed	
3 - All Team/Event Coverage items have been completed	
4 - Attendance at 85% weekly tutorials per year	
5 - Completed all required Academic Modules	
6.3 - First Author Research published in Scimago Q1 or Q2 journal OR 10 RBA Points met	
6.4 - Approved Research project has been presented at ACSEP Scientific Conference	
7.1 - Trauma course is current	
8 - All 6 Month Progress Reviews have been conducted, each with a Satisfactory result	
All College fees have been paid in full	
Is the Registrar clear of any adverse findings, any conditions placed on their practice or are under any investigation by any medical authority (such as but not limited to AHPRA, MCNZ, the HIC, ACC, or hospital medical advisory committees).	
Applicant's Signature:	Date:



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SECTION 2 – SPECIAL CONSIDERATION

If you have outstanding requirements at the time of application, please use the sections below to propose an action plan (with timeline) to outline how and when you will be aiming to complete the requirements. The committee will be review your plan and determine whether or not you are eligible to sit the examinations.

ACTION PLAN PROPOSAL	
Name of Deliverable(s) that are outstanding:	
Reasoning why still outstanding:	
Proposed Completion Date(s):	
Proposed Completion Plan:	