



FORM AD2.9 Application for Admission to Fellowship

This form is used by the Registrar to apply for Fellowship once they have completed all Training Program tasks. It is reviewed and approved by the Training Committee, Research Committee, Examination & Assessment Committee and the ACSEP Board.

Registrar's Name:			
Year of Training:		Training Program Year: (Full Time Equivalent)	

Training Program Deliverables	YES	NO
Has the Registrar passed the Written MCS & SAQ Fellowship Examinations?  Year of most recent pass:		
Has the Registrar passed the Clinical Fellowship Examination?  Year of most recent pass:		
Has the Registrar completed all Training Program tasks/requirements/deliverables?  > List any items that are still to be completed below.		
Has the Registrar paid all College fees in full?		
Does the Registrar have any adverse findings, any conditions or restrictions placed on their practice or are under any investigations by any medical authority (such as, but not limited to, AHPRA, MCNZ, the HIC, ACC, or hospital medical advisory committees)?		
Commentary		

APPROVALS

OUTCOME

Registrar's Signature:		
Training Committee:		
Research Committee:		
Examination & Assessment Committee:		
Finance Department:		
ACSEP Board:		