



Clinical Fellowship Examination Application Form

## DESCRIPTION

This form must be completed for a Registrar to sit the Clinical Fellowship Examination. Applicants must have completed all eligibility requirements specified for the Clinical Fellowship Examination. The completed form must be sent to [registrars@acsep.org.au](mailto:registrars@acsep.org.au) by the close date specified by the ACSEP. An examination fee is due once the Registrar's application is approved.

## REGISTRAR DETAILS

Registrar name			
Stage of training		Year	
Which exams do you intend to sit?	<input type="checkbox"/> Clinical Examination	Attempt number	

## ELIGIBILITY

Please indicate whether you meet the following eligibility requirements for the Clinical Fellowship Examination.

I am in Stage 3 of the Training Program	
I have paid all College fees in full	
I am clear of any adverse findings, I have no conditions placed on my practice and I am not under investigation by any medical authority (including, but not limited to, AHPRA, MCNA, the HIC, ACC or hospital medical advisory committees)	

## SIGNOFF

Registrar Name		Signature	
Date			

## APPROVAL (OFFICE USE ONLY)

Approval	<input type="checkbox"/> Approved
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	<input type="checkbox"/> Not approved		
Action plan (if special conditions must be met)			
Chair of Training		Signature	
Date			