



Admission to fellowship by completion of the ANZCA Specialist international medical graduate (SIMG) assessment process

To the Chief Executive Officer, I _____
(Please print name in capitals as you would like it to appear on your ANZCA diploma)

of _____
(Please provide address including postcode to which your diploma should be posted.)

College ID

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 Medical registration number: AHPRA / NZMC _____

I hereby apply for admission to fellowship of the Australian and New Zealand College of Anaesthetists under the provisions of regulation 6.2.

I certify that:

I have no illness or disability that would preclude the safe practice of anaesthesia, perioperative medicine and 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 anaesthesia, perioperative medicine and pain medicine.

OR

I have informed the college of any illness or disability that would preclude the safe practice of anaesthesia, perioperative medicine and 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 anaesthesia, perioperative medicine and pain medicine and I am receiving appropriate medical care

- a) I have current medical registration and agree to notify the college if my medical registration is withdrawn or suspended, or conditions, including voluntary, are placed on my medical registration.
- b) I undertake to notify the college if I develop an illness or disability that would preclude the safe practice of anaesthesia, perioperative medicine and 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 anaesthesia, perioperative medicine and pain medicine.
- c) I acknowledge that any condition which could preclude the safe practice of anaesthesia, perioperative medicine and pain medicine, including personal drug or chemical dependence, may prevent my admission to fellowship.
- d) I agree that all communications made by the council of the college or any of its officers, and all answers made and all communications of every kind in relation to this my application for admission to fellowship of the college shall for all purposes be absolutely privileged.

Signature _____ Date _____

Fellowship Pledge

I accept the privilege, challenges and responsibility of fellowship, and pledge to promote and uphold the mission, values and standards of the Australian and New Zealand College of Anaesthetists.

Applicant

Name _____

Signature _____ Date _____

Witness

Name _____

Signature _____ Date _____

Diploma Name Confirmation Statement

Your name will appear as follows on your official ANZCA diploma:

Please confirm your name is correct or write your name below in capital letters as you would like it to appear on your diploma.
