SIMG Annual Fee Form – Dual AN & PM

Personal details

ANZCA ID	
Family name	
First name	
Middle name	

Contact details

Work address	
Suburb/ City	
State	
Postcode	
Country	
Home phone	
Mobile phone	
Home email address	

Hospital position(s)

If you have had a position approved for the CPA period, please list below.

If your position is NOT yet approved, please attach a copy of your position description and leave this section blank.

The link to the model position description is:http://www.anzca.edu.au/documents/application-for-pd-approval-final.doc

Hospital	Location	Full/ Part-Time	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Medical registration

Please provide a copy of your medical registration in Australia.

Registration number: _____

CPD program

Please indicate if you would prefer to participate via the online portfolio or on a hardcopy portfolio.

☐ Online ☐ Offline

Declaration

I certify that I am free from dependency on recreational and/or non-prescribed drugs, and have no illnesses that would preclude the safe practice of anaesthesia. I undertake to inform the College if I develop a dependence on recreational and/or non-prescribed drugs, or if I develop an illness that would preclude the safe practice of anaesthesia.

I acknowledge that if I develop any dependence on recreational or non-prescribed drugs, or any condition that precludes the safe practice of anaesthesia, this may result in the suspension or termination of my continuing assessment at any time, and prevent my admission to Fellowship of ANZCA.

I certify that I am currently registered as a medical practitioner with my medical board of Australia willing to provide evidence of compliance with the Continuing Professional Development if requested by the Australian and New Zealand College of Anaesthetists.

Signature _____

Date (dd/mm/yyyy) _____

ANZCA
FPM

Payment details

Payment amount	AUD $4,755.00
Credit card type	☐ Visa ☐ Mastercard
Credit card number	
Expiry date	
Name on card	
Signature	

Please send the completed form to simg@anzca.edu.au