

Check list for International Centres to use:

FOR PARTS B AND C APPLICATION

Item		Checked	notes
1. Part A or PEEM	Part A or		
	PEEM or		
	Resitting under previous regulations		
2. Resitter	Initial diet in Hong Kong/Singapore (please state which country)		
3. Experience	36 months since qualification- full time equivalent		
	6 months EM experience (full time non locum)		
4. Registration with medical council	Certificate seen or letter		
5. Fee submitted	Full fee received		
6. Experience validated	Form completed – all experience signed by consultant		
	Or Letter from president Hong Kong College/India Centre/Singapore College confirming		



**Membership Examination of the College of Emergency Medicine
Part B (SAQ) and Part C (OSCE) Application Form (International)**

N.B. Part B and Part C **MUST** be entered at the same time at each attempt.
Resit forms for Part B and C are available separately

PLEASE WRITE CLEARLY IN CAPITALS ON THE APPLICATION FORM

Exam Sitting:
(see unique identifier on dates and fees page - CEM website)

Venue where you wish to sit the examination:

Hong Kong **India** **Singapore**

Please state the country that you work in.....

Personal Details:

Title: Dr/Mr/Mrs/Miss/Ms (please circle)

Surname:
Please state name exactly as it appears on the **GMC/IMC register or equivalent body**. If your name is different on your passport, please indicate alternative name.

Forename(s):

Date of birth: (dd/mm/yyyy)

Gender: Male/Female (please circle)

Overseas registration body and number:

Address for Correspondence (must be valid at time of exam):

.....

.....

..... **Postcode**.....

Telephone Numbers: Day: **Evening:**

Mobile:

Email:

Medical Degree - .University:

Country:

Degree conferred i.e. MB BS, MB ChB etc:

Year of qualifying:

Additional Postgraduate qualification(s).....

Year qualification(s) obtained:

Current post:

Date commenced and number of months in post:

DateNumber of months.....

Hospital:

Specialty:

Grade:

Confirmation by tutor that the candidate understands the structure and standard of the membership examination:

Name of Consultant/Tutor: **(CAPITAL LETTERS)**

.....

I confirm that I have read the regulations and have discussed the MCEM examination

with.....(candidate name)

on.....(date)

I confirm this doctor is in the post declared and has been undertaking suitable preparatory work for this examination.

Date passed Part A – MCEM:

Number of attempts at Part A:

For Hong Kong/Singapore only – Date passed PEEM (copy must be enclosed)

Signature of Consultant/Tutor:

.....

Hospital stamp of certifying Consultant/Tutor

ELIGIBILITY EVIDENCE TO SIT THE EXAMINATION:

By the time of the examination the candidate must be able to demonstrate competence and confidence in the relevant areas of the curriculum. The College requires candidates to have completed the following time in posts:

- 12 months of Foundation year one **or equivalent training in any specialty** (i.e. the pre-registration year)
- 12 months of Foundation year two (may include Emergency Medicine) **or equivalent training in any specialty**
- 12 months of additional training – ideally in an ACCS training programme **or equivalent.**
- Within the 24 months of post-registration experience, **the candidate must have completed 6 consecutive months of Emergency Medicine above FY1 or equivalent, ideally within the latter 12 months and specifically not within the 12 months pre-registration training.**

Normally, the candidate will have gained this experience within a training programme.

Posts that are not formally approved for training will be accepted providing confirmation is received that the candidate received supervision and training during the post (see below).

Each post will normally consist of continuous uninterrupted service for four months or more.

This experience must be gained by the time of sitting the examination (not application).

Total time in part-time posts must be equivalent to full time training.

Educational supervision is defined as:

- Regular appraisal meetings to define progress
- Meetings to set educational objectives
- Appropriate attendance at educational meetings
- Case mix and clinical supervision which provides adequate experience.

The Educational supervisor for each post must sign that the trainee experienced this level of educational supervision.

Employment History – in chronological order starting from earliest posts. Please include ALL posts.

Specialty	Grade	Training Post	Hospital	Full-time or part-time (hours per week)	Dates from/to (dd/mm/yy)	Please indicate the total number of months in this post	Educational Supervisor signature to confirm placement and that the trainee was supervised in this post

Please photocopy this page if you have more posts.

DECLARATION (To be signed by the candidate)

I declare to the best of my knowledge that all the information given on this form is a true statement of fact.

I have read and understood the Regulations relating to the Membership Examination.

Signature of Candidate:**Date:**

All personal information held by the Examinations Section of the College will be held in accordance with the Data Protection Act of 1998 / Freedom of Information Act 1998. Any data collected will not be released elsewhere without your permission.

REQUEST FOR SPECIAL ARRANGEMENTS

IT IS THE RESPONSIBILITY OF THE CANDIDATE TO NOTIFY THE EXAMINATIONS SECTION/DEPARTMENT OF ANY SPECIAL REQUIREMENTS ON APPLICATION AND SUBMIT APPROPRIATE SUPPORTING EVIDENCE AS SPECIFIED IN THE REGULATIONS.

Applications for special arrangements on medical or compassionate grounds must be supported by written verification from the Consultant Trainer or Postgraduate Dean responsible for training. Applications must be submitted together with medical certification at the time of application.

PAYMENT- will be administered by Hong Kong College/India Centre/Singapore College

Enclosures: N.B. without enclosures your application will not be processed

- Fees - please check the College website cheque/bank draft made payable in Pounds Sterling to **The College of Emergency Medicine** and local fee direct to the centre.
- Completed equal opportunities monitoring form
- A copy of your **current** medical registration and primary medical qualification issued by the appropriate body.

FAILURE TO FILL ALL SECTIONS OF THE FORM WILL RESULT IN THE APPLICATION BEING RETURNED.



College of Emergency Medicine Equal Opportunities Monitoring

The College of Emergency Medicine is an equal opportunities organisation committed to ensuring that no employee receives less favourable treatment than others on grounds of gender, age, disability, marital status, race, religion or sexual orientation.

To assist us in monitoring this policy, it would be helpful if you could provide the information requested below. This information will be kept separate from your application form and is used for monitoring purposes only.

GMC/IMC number:

or

Overseas Registration number

Nationality:

1st Language:

Gender: Male Female

Choose one selection from the list below to indicate your cultural background:

White

British

Irish

Any other White background, please specify:

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please specify:

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, please specify:

Black or Black British

Caribbean

African

Any other Black background, please specify:

Chinese or other ethnic group

Chinese

Any other ethnic background, please specify:

Non-declaration

I do not wish to declare my cultural background and therefore have not completed the above.

Signature:(Candidate)

Date: