



**Membership Examination of the College of Emergency Medicine**

**Part B (SAQ) Application Form**

**Exam Sitting:** ..... (see unique identifier on CEM website)

**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:** Female/Male (please circle)

**GMC/IMC Number (if applicable):** ..... **Date registered:**.....

**Overseas registration body and number:** .....

**Type of registration (please tick appropriate box)**

Full  Full & Specialist  Limited

**Date registered:** .....

**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:** .....

Hospital stamp of certifying Consultant /Tutor

**Passport sized photo to be attached here**

I certify that this is a true and recent likeness of the candidate.

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

.....

**Signature of Consultant/Tutor:**

.....

**BASIS ON WHICH APPLICATION IS BEING MADE:**

***Trainee holding a National Training Number or a FTSTA or LAT***

Yes  No  (please tick appropriate box)

Please state your NTN training number (if applicable):.....

Please state the name of your Deanery (if applicable): .....

Please state the name of your STC Chair/Head of School: .....

Please state your year of training (if applicable ST1, ST2 etc.): .....

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***Trainee working in Ireland -***

***Enrolled with ACEMT***

Yes  No  (please tick appropriate box)

Please state your NTN training number (if applicable):.....

Please state the name of your STC Chair/Head of School: .....

Please state your year of training (if applicable ST1, ST2 etc.): .....

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***Overseas trainee***

Yes  No  (please tick appropriate box)

Please state the name of your Sponsoring Consultant: .....

Please ensure that you submit the completed application for recognition of overseas experience together with the confirmation letter(s) required from the Supervisor for each post completed and confirmation of discussion with a Fellow of the College.

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***Non trainee***

Yes  No  (please tick appropriate box)

Please state the Region you work in: .....

Non-trainees should provide documented evidence of competences – it is suggested the workplace based assessment forms on the college website may be used for this, as well as evidence of time in posts which have educational components including supervision, appraisal and regular education.

Candidates who are in trust posts must provide a supportive letter from their Consultant confirming that they have been exposed to the same level of supervision and training opportunities as a permanent trainee.

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

Specialty	Grade	Training Post	Deanery Locum	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

***Please photocopy this page if you have more posts.***

**Date passed Part A – MCEM:** .....

**Number of attempts at Part A:** .....

**If you wish to submit an alternative qualification to exempt you from Part A, please indicate here (only for those candidates who attained their primary medical degree before 31<sup>st</sup> December 2004)**

***Please include a certified copy of the notification of success***

Part 1 MRCP or Part 1 MRCP Ireland Date.....

Part 1 MRCPCH Date.....

Parts 1 & 2 FRCA (prior to August 1996) Date.....

The MCQ component of the MRCS of any of the Royal Surgical Colleges of Great Britain and Ireland  
Date.....

Parts 1 & 2 of the intercollegiate MRCS Date.....

**Other examination you wish to be considered for exemption**

.....

**Date of examination:** .....

**EMPLOYMENT HISTORY:**

**Current position:** .....

**Date commenced:** .....

**Hospital:** .....

**Specialty:** .....

**Grade:** .....

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

.....

Signature of Consultant/Tutor:

.....

Hospital stamp of certifying Consultant/Tutor

## ELIGIBILITY EVIDENCE TO SIT THE EXAMINATION:

The following section must be completed and signed to satisfy the criteria enabling a candidate to sit the examination.

A candidate **must** have completed **at least 6 months** of Emergency Medicine training posts which should be within the second foundation year or subsequent to the foundation years.

**In addition please provide the total number of months in Emergency Medicine \_\_\_\_\_**

A candidate **must** also have completed **12 months** of a programme of posts relevant to the practice of Emergency Medicine (see Regulations on CEM website for relevant posts). **No more than 6 months of any one of the specialties (minimum of 4 months)** will be counted as contributing to suitable relevant experience.

<b><i>Emergency Medicine required experience (minimum 6 months):</i></b>
Hospital:
Period:
Grade:
Specialty: Emergency Medicine
Name of Consultant/Tutor: <b>(CAPITAL LETTERS)</b>
Signature of Consultant/Tutor:
I confirm that the candidate completed the above post, and received appraisal, feedback and formal education during this time.

12 months minimum of ACCS plus specialties

<b>ACCS plus specialty experience required – post one – either acute medicine, anaesthetics, ITU, Paed EM or Musculoskeletal EM:</b>
Hospital:
Period:
Grade:
Specialty:
Name of Consultant/Tutor: (CAPITAL LETTERS)
Signature of Consultant/Tutor:  I confirm that the candidate completed the above post, and received appraisal, feedback and formal education during this time.
<b>ACCS plus specialty experience required – post two – either acute medicine, anaesthetics, ITU, Paed EM or Musculoskeletal EM:</b>
Hospital:
Period:
Grade:
Specialty:
Name of Consultant/Tutor: (CAPITAL LETTERS)
Signature of Consultant/Tutor:  I confirm that the candidate completed the above post, and received appraisal, feedback and formal education during this time.
<b>ACCS plus specialty experience required – post two – either acute medicine, anaesthetics, ITU, Paed EM or Musculoskeletal EM:</b>
Hospital:
Period:
Grade:
Specialty:
Name of Consultant/Tutor: (CAPITAL LETTERS)
Signature of Consultant/Tutor:  I confirm that the candidate completed the above post, and received appraisal, feedback and formal education during this time.

**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**

I enclose the fee(s) of £ ..... (£250.00)

**Please submit an undated cheque for the examination.**

**Enclosures: NB without enclosures your application will not be processed**

- Copy of certificate of success in exam (other than MCEM part A)
- Passport sized photo
- Fees as appropriate – **undated cheque** made payable in Pounds Sterling to The College of Emergency Medicine (£250.00)
- Completed equal opportunities monitoring form
- For overseas candidates** - a copy of your medical registration issued by the appropriate body

**Please return to:**

The College of Emergency Medicine, Churchill House, 35 Red Lion Square, London WC1R 4SG



## 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:** .....

**Nationality:** .....

**1<sup>st</sup> 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:** .....