



**Please return your application to:**

Ms Stephanie Billault  
FSEM Office  
Royal College of Surgeons in Ireland  
RCSI House  
121 St Stephen's Green  
Dublin 2

**Faculty of Sports and Exercise Medicine (RCPI & RCSI)**

**MEMBERSHIP APPLICATION FORM – ATHLETIC THERAPY PATHWAY**

Please ensure you have read the Membership criteria carefully before submitting an application for Membership to the FSEM office

Please Print Clearly

<b>Title:</b>	
<b>Surname:</b>	
<b>First Name:</b>	
<b>Specialty:</b>	
<b>Professional Address:</b>	
<b>Telephone No.:</b>	
<b>Mobile No.:</b>	
<b>Fax No.:</b>	
<b>E-mail address:</b>	
<b>Qualifications:</b>	
<b>Current Position:</b>	
<b>Sports Medicine Affiliations:</b> <i>(ISMA, FIMS, BASEM, etc.)</i>	
<b>Specific Sports Medicine Involvement (personal or professional):</b> <i>(Hurling, Gaelic Football, Soccer, Cricket, Basketball, Hockey, Swimming, Orienteering, etc.)</i>	
<b>Research &amp; Publications:</b>	

To: The Chairman, FSEM Fellowship and Membership Committee, FSEM

I wish to apply for **Membership** of the Faculty & I make this application on the grounds set out in the criteria, under:

Please tick box

<b>Route 1</b> – Progression Pathway <input type="checkbox"/>	<b>Route 2</b> – Direct / Academic Pathway <input type="checkbox"/>
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**APPLICATION CHECKLIST (TO BE COMPLETED BY APPLICANT)**

**ROUTE 1 – Progression Pathway**

I have enclosed:

Please tick box

<b>Fully completed application form</b>	<input type="checkbox"/>
<b>Cover letter</b>	<input type="checkbox"/>
<b>Up-to-date CV (including referees' contact information)</b>	<input type="checkbox"/>
<b>CARES course or equivalent (copy of "in date" certificate)</b>	<input type="checkbox"/>
<b>Attendance at 6 FSEM SEMSEP modules or webinars in the 3-year cycle (copies of certificates)</b>	<input type="checkbox"/>
<b>Attendance at 2 FSEM annual meetings in the 3-year cycle (copies of certificates)</b>	<input type="checkbox"/>
<b>2 presentations (oral or poster) at 2 SEM meetings or SEM topics at 3 non-SEM meetings in the 3-year cycle (copies of certificates or conference programmes re: presentations)</b>	<input type="checkbox"/>
<b>2 publications (one as first author) in peer review journals in areas related to SEM (copy of abstract with journal details and impact factor)</b>	<input type="checkbox"/>
<b>Involvement with sport teams/athletes/community rehabilitation or exercise programmes (official letter on headed paper from organisation outlining duties/role)</b>	<input type="checkbox"/>
<b>150 CPD credits in the 3-year cycle (50% should be in SEM) – CPD log sheet duly completed + copies of CPD evidence (certificates etc.)</b>	<input type="checkbox"/>
<b>Notarised copy of CORU registration certificate or Professional Regulatory Body registration certificate (or equivalent)</b>	<input type="checkbox"/>
<b>Application fee of €200 to be paid on-line by credit card or a cheque for that same amount made payable to: FSEM / RCSI included with the application pack (<b>Please note:</b> a payment link will be sent to all candidates wishing to pay by credit card on-line, upon receipt of their application form and documents)</b>	<input type="checkbox"/>
<b>DESIRABLE: Involvement in Faculty activities (committee work, teaching etc.)</b>	<input type="checkbox"/>

**ROUTE 2 – Direct/Academic Pathway**

I have enclosed:

Please tick box

<b>Fully completed application form</b>	
<b>Cover letter</b>	
<b>Up-to-date CV (including referees' contact information)</b>	
<b>Notarised copy of MSc degree (SEM, MSK or equivalent)</b>	
<b>Involvement with sport teams/athletes/community rehabilitation or exercise programmes (official letter on headed paper from organisation outlining duties/role)</b>	
<b>150 CPD credits in the 3-year cycle (50% should be in SEM) – CPD log sheet duly completed + copies of CPD evidence (certificates etc.)</b>	
<b>Notarised copy of CORU registration certificate or Professional Regulatory Body registration certificate (or equivalent)</b>	
<b>Application fee of €200 to be paid on-line by credit card or a cheque for that same amount made payable to: FSEM / RCSI included with the application pack (<u>Please note:</u> a payment link will be sent to all candidates wishing to pay by credit card on-line, upon receipt of their application form and documents)</b>	

I confirm that I have read the Membership Criteria and enclosed the required documentation and fee for consideration. I understand that submitting an incomplete application will result in delays in my application being assessed by the Fellowship & Membership Committee of the Faculty of Sports and Exercise Medicine (RCPI & RCSI).

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For office use only:***DN55 / 1551 / A260**

FINAL - 2024