



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

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

Please Print Clearly

Title:	
Surname:	
First Name:	
Specialty:	
Medical Council Reg. No.:	
Registration Type & Specialist Division: <i>(if applicable)</i>	
Professional Address:	
Telephone No.:	
Mobile No.:	
Fax No.:	
E-mail address:	
Qualifications:	
Current Position:	
Sports Medicine Affiliations: <i>(ISMA, FIMS, BASM, etc.)</i>	
Specific Sports Medicine Involvement: <i>(Hurling, Gaelic Football, Soccer, Swimming, Orienteering, etc.)</i>	
Research & Publications:	

To: The Chairman, FSEM Training 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

Route 1 – Progression Pathway <input type="checkbox"/>	Route 2 – Direct / Academic Pathway <input type="checkbox"/>
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- 1) Name of Proposer: _____ Signature: _____
Fellow No. 1
- 2) Name of Proposer: _____ Signature: _____
Fellow No. 2
- 3) Name of Proposer: _____ Signature: _____
Fellow No. 3

APPLICATION CHECKLIST (TO BE COMPLETED BY APPLICANT)

I have enclosed:

Please tick box

(a)	Fully completed application form (inc. signatures of 3 FSEM Fellows)	
(b)	Cover letter outlining my area of expertise, and current or future involvement in Sport and Exercise Medicine, as well as my reasons for applying for Membership	
(c)	Up-to-date CV highlighting my expertise / experience which would be of interest to the Faculty, with the names and contact details of those whom the Faculty can contact to verify any details submitted (ex. Involvement with sporting bodies in various capacities)	
(d)	Basic Copies of relevant documentation (<u>ROUTE 1 only</u>)	
(e)	Notarised Copy of relevant postgraduate qualification certificate (<u>ROUTE 2 only</u>)	
(f)	Evidence of CPD credits (150 CPD / 3 year cycle) – 50% should be SEM – <u>ROUTE 1 only</u> (basic copies of certificate / letters of attendance + appendix duly completed)	
(g)	Credit card details (visa <u>or</u> mastercard) for the fee of €200 or a cheque for that same amount made payable to: FSEM / RCSI	

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 Training Committee of the Faculty of Sports and Exercise Medicine (RCPI & RCSI).

Name: _____

Signed: _____ Dated: _____



Credit Card payment form

Payment details: VISA Mastercard

Name on credit card: _____

Credit card Number:

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Expiry Date:					
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CVV Number:			
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I authorise the FSEM to debit the amount of €200 from my credit card towards the Membership Application fee.

Signature: _____ Date: _____

For office use only:

DN55 / 1551 / A260