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**Application for the Fellowship of**

**The Joint Faculty of Intensive Care Medicine of Ireland (F.J.F.I.C.M.I)**

Day Month Year

Date of Intended Exam: College ID

(if applicable):

Surname

First name

Day Month Year

Date of Birth Gender Nationality

Email

Correspondence Address Mobile or Telephone

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Name of body with whom you obtained medical registration e.g Irish Medical Council

Registration Number

Candidates must be registered with JFICMI; Registration Number

Please list your Intensive Care Modular Training (each module ≥ 2 months dedicated ICM training):

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| **Hospital** | **Dates** | **Supervisor of Training** | **Signature of Supervisor** |
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Complementary training (regulation 4.2)

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| **Hospital** | **Dates** | **Specialty** | **Signature of Supervisor** |
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Candidates must hold one of the following qualifications (medicine, surgery or anaesthesia) - i.e. MRCPI, FRCSI or FCAI, or equivalent.

Date of award:

Copy of award enclosed with application Yes No

Signature of Exam Candidate

**Important Notes**

* Applications must be accompanied by the full amount of fee and the required certificate.
* Applications are acknowledged within seven days of receipt.
* Candidates are advised to submit their application form before the closing date, as the number of candidates may be limited.
* Candidates are required to submit a signed passport size photo.
* The closing date for applications is Friday, **30th January 2015**

**PAYMENT DETAILS FJFICMI** **COLLEGE ID (If applicable):**

Candidates Full Name

Cheque, bank draft or money order attached **OR** credit card

(Payable to CAI)

CREDIT CARD NUMBER VISA VISA DEBIT MASTERCARD

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EXPIRY MM/YY Security code

Amount €1000.00

Name on card (block letters)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send the completed form together with the full amount of the fee to:

College of Anaesthetists of Ireland

Examinations Department

22 Merrion Square North

Dublin 2

Ireland

Email: exams@coa.ie