

**THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS**

**APPLICATION FOR ADMISSION TO SIT THE FELLOWSHIP EXAMINATION FOR TRAINEES OF  
THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS  
2006**

I hereby apply for permission to present for the Fellowship Examination of the Australasian College of Dermatologists and enclose \$2,500.00 (GST free) in payment of the required fee.

I wish to pay by:

- CHEQUE/MONEY ORDER (ENCLOSED)
- CREDIT CARD. MY CREDIT CARD DETAILS ARE:

BANKCARD             MASTERCARD             VISA

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME ON CARD: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_ / \_\_\_\_

SIGNATURE: \_\_\_\_\_

I expressly authorise the College to obtain any details or references considered necessary.

If successful in the Examination, I apply for admission to membership of the Australasian College of Dermatologists and I agree to be bound by the memorandum and Articles of Association of the College.

Signed: ..... Date: .....

NAME IN FULL: .....

PRIVATE ADDRESS: .....

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PROFESSIONAL ADDRESS: .....

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TELEPHONE: PRIVATE: (.....) ..... PROFESSIONAL: (.....) .....

MOBILE: ..... EMAIL: .....

DATE OF PASSING THE BASIC SCIENCES/PART I EXAMINATION  
(IF APPLICABLE):: .....

DATE OF PASSING THE CLINICAL SCIENCES EXAMINATION  
(IF APPLICABLE): .....

DATE OF PASSING THE PHARMCOLOGY EXAMINATION  
(IF APPLICABLE): .....

DATE OF MOST RECENT PASS IN WRITTEN FELLOWSHIP EXAMINATION  
(IF PRESENTING FOR CLINICAL EXAMINATION ONLY): .....

DATES OF ATTENDING BIENNIAL TRAINING CONFERENCES (A PHOTOCOPY OF CERTIFICATE OF ATTENDANCE MUST BE ATTACHED): .....

DATES OF PRESENTATION AT ACD ANNUAL SCIENTIFIC MEETING (ABSTRACT MUST BE ATTACHED):  
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LIST PAPERS ACCEPTED FOR PUBLICATION (REFER TO TRAINING PROGRAM HANDBOOK FOR DETAILS OF REQUIREMENTS), INCLUDING NAME OF JOURNAL, MONTH AND YEAR OF PUBLICATION, ISSUE AND VOLUME NUMBER. A COPY OF LETTER FROM THE EDITOR OF THE JOURNAL CONFIRMING INTENT TO PUBLISH MUST BE ATTACHED.

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**YOUR COMPLETED TRAINING PROGRAM RECORD BOOK SHOULD BE SUBMITTED WITH THIS FORM**

Please return to:                   The Honorary Secretary  
  Australasian College of Dermatologists  
  PO Box 2065  
  BORONIA PARK NSW 2111

Please tick that you have completed/included the following:

- Examination Application form has been fully completed and signed.
- Cheque/credit card details.
- Copy of Certificate of Attendance at Biennial Training Conference.
- Signed Record of Trainee Appointment to date.
- Completed Training Program Record Book including:
  - Assessment of Competence forms signed by relevant supervisors and State Director of Training
  - Record of Presentations/Publications/Research Studies form with copy of abstract of presentation at ACD Annual Scientific Meeting and letters from journal editors confirming intent to publish papers
  - Completed logbook