



## **College of Intensive Care Medicine Of Australia and New Zealand**

ABN: 16 134 292 103

### **AUTHORISATION TO PROVIDE DETAILS OF ADMISSION TO FELLOWSHIP**

I hereby authorise the College of Intensive Care Medicine of Australia and New Zealand, to provide advice of my Admission to Fellowship to enable the Health Insurance Commission to grant automatic recognition as a specialist.

.....  
FULL NAME

.....  
SIGNED

.....  
DATE