



College of Intensive Care Medicine
of Australia and New Zealand

ABN: 16 134 292 103

APPLICATION TO PRESENT FOR PRIMARY EXAMINATION IN INTENSIVE CARE

SURNAME: (BLOCK LETTERS).....

OTHER NAMES: (BLOCK LETTERS).....

ADDRESS (to which Examination Notices can be sent):.....

.....

EMAIL ADDRESS:..... TELEPHONE NO:.....

PLEASE ENSURE YOU HAVE PROVIDED A CURRENT EMAIL ADDRESS AS IMPORTANT EXAMINATION NOTICES WILL BE FORWARDED VIA EMAIL.

CITY IN WHICH CANDIDATE WISHES TO SIT:

WRITTEN SECTION:.....DATE:.....

ORAL SECTION:.....

THIS APPLICATION WILL NOT BE
ACCEPTED WITHOUT PASSPORT
QUALITY PHOTOGRAPHS ATTACHED
TO THIS FORM.

NOTE REGULATION 5.14.7

Application to present for the Primary Examination must be made on the approved form and must include the required documents and the prescribed fee. The completed application must be received by the Co-ordinator, Training and Exams at least 56 days before the commencement date of the Written Examination.

Form with three small boxes at the top, a large empty box, and fields for PRINT NAME and SIGNATURE at the bottom.

Form with three small boxes at the top, a large empty box, and fields for PRINT NAME and SIGNATURE at the bottom.

CENSOR APPROVED:..... DATE..... (OFFICE USE ONLY)

IMPORTANT NOTICE

This application must be completed and returned to the Training and Examinations Coordinator, College of Intensive Care Medicine, Suite 101, 168 Greville Street PRAHRAN VIC 3181, together with the full amount of the fee. Cheques or drafts to be made payable to the College of Intensive Care Medicine and crossed "Not Negotiable Bank Account Payee Only". CREDIT CARD FACILITIES - See over

