Final Examination for the Fellowship of the College of Anaesthetists of Ireland (F.C.A.I)

Date of intended Exam: ____________________________

Have you previously APPLIED for the Irish exam:   No [ □ ] Yes [ □ ]
If YES, College ID: ____________________________
If you remained on a waiting list, tick No.

Date(s) of previous ATTEMPT(S):
(Month/ Year)

Surname/ Family name
________________________________________________________________
First Name(s)
_______________________________________________________________
(as on Medical Degree)

Gender  Male [ □ ] Female [ □ ]

Date of birth __ / __ / ______

Nationality ____________________________

Correspondence Address
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Tel (work) ____________________________

Tel (mobile) ____________________________

Tel (home) ____________________________

Fax ____________________________

Email
________________________________________________________________

Date registered with IMC [ □ ] GMC [ □ ] __ / __ / ______

Reg. No. ____________________________

Registration Category (please state division) ____________________________

Postgraduate Trainee Registration Number ____________________________

College: ____________________________

You must be registered with the College of Anaesthetists of Ireland, or the Royal College of Anaesthetists, London as a postgraduate trainee in Anaesthesia.

PLACE & DATE OF PASSING QUALIFYING EXAM (Please attach proof unless exam was passed in Dublin)

Part 1 & 2 Examinations in Anaesthetics ____________________________

Primary Examination in Anaesthetics ____________________________

If qualification was attained in Dublin, College ID & exam no.: ____________________________

OR

Exemption from the Primary Examination in Anaesthetics ____________________________
TRAINING DETAILS

In posts approved for the purpose by the College of Anaesthetists of Ireland or the Royal College of Anaesthetists (min. period 30 months). Current employer can verify your employment record for previous posts held.

Post ___________________________ Hospital ___________________________

From ___________________________ To ___________________________

Signature of Consultant ___________________________

Name and Work Address of Consultant currently responsible for your training (e.g. Head of Department)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Verification by the hospital Personnel Dept is acceptable, if above-named Consultant is not available to sign the form.

Candidates who have previously appeared for this examination at this College need not submit originals a second time.

When submitting your application please ensure that you also include:

• 1 passport size photograph
• Relevant documentation or certified copies thereof
• Appropriate examination fee payment by Sterling/ Euro personal cheque, Euro bank draft, money order or credit card (MasterCard or Visa). **Maestro/ Switch/ Debit/ Laser cards and cash payments are not accepted.**
<table>
<thead>
<tr>
<th><strong>FINAL FCAI EXAMINATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Credit Card Payment €1,250.00</strong></td>
</tr>
</tbody>
</table>

Candidate’s full name: ____________________________________________
(as it appears on the application form)

Name of cardholder: ____________________________________________
(as it appears on the card)

Card No.: ____________________________

Please tick:  
- Visa [ ]  
- MasterCard [ ]

(We cannot accept American Express/ Switch/ Laser or other debit cards at this time)

Expiry Date: _____/_____ (mm/yy)

Security code (3-digit number on back of card): __________

*Do not, under any circumstance, write your pin number on this form.*

**Declaration (to be signed by cardholder):**

I authorise the College of Anaesthetists of Ireland to charge €__________ Euro, Final FCA exam fee to the above credit card.

Signed: ________________________________

Date: ________________________________

---

*We cannot accept applications via email. Please print and send to:*

Examinations Office, College of Anaesthetists of Ireland, 22 Merrion Square North, Dublin 2

Tel: 00 353 1 6614412