

# Final COLLEGE OF ANAESTHETISTS OF IRELAND



Staple  
photo  
here

## 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)

College of Anaesthetists of  
Ireland, Dublin

---

---

---

---

---

Royal College of Anaesthetists,  
London

---

---

---

---

---

**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 \_\_\_\_\_

Current Hospital Stamp
------------------------

Post \_\_\_\_\_ Hospital \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Signature of Consultant \_\_\_\_\_

Post \_\_\_\_\_ Hospital \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Signature of Consultant \_\_\_\_\_

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.**

**FINAL FCAI EXAMINATION**

Credit Card Payment €1,250.00

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