Staple photo

here

**Exam Application form**

Please tick box below of exam you wish to apply for:

|  |  |
| --- | --- |
| **Diploma in Pain Management** **DPMCAI** | **Fellowship of the Faculty of** **Pain Medicine:****FFPMCAI** |

Surname

First name

 Day Month Year

 Date of Birth Gender Nationality

Email

Correspondence Address Mobile or Telephone

|  |
| --- |
|  |
|  |
|  |
|   |
|   |
|  |
|  |
|  |

**Medical Council Number:­­­­­­­­­­­­**

If your name does not appear in the Medical Register of Ireland or the British Medical Register, please supply proof that your qualification can be registered with one of the above together with a Certificate of good standing from the country in which you are registered. Enclose originalcertificateswith first-time applications or certified copies with subsequent applications.

**College ID**

Candidates must hold one of the following qualifications (medicine, surgery or anaesthesia) - i.e. MRCPI, FRCSI or FCAI, or equivalent.

Date of award:

Copy of award enclosed with application Yes No

**Details of Pain Medicine Training & current post:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hospital Posts** | **Dates** | **Supervisor of Training** | **Signature of Supervisor** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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.

**For Fellowship applicants:**

**Date awarded DpMCAI**

**Date awarded CST**

Other details may be attached on a separate sheet.

**PAYMENT DETAILS FFPMCAI** **COLLEGE ID (If applicable):**

**DIPLOMA IN PAIN MANAGEMENT EXAMINATION**

**FELLOWSHIP OF FACULTY OF PAIN MEDICINE CAI**

Candidates Full Name

Cheque, bank draft or money order attached **OR** credit card

 (Payable to CAI)

CREDIT CARD NUMBER VISA VISA DEBIT MASTERCARD

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | - |  |  |  |  | - |  |  |  |  | - |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

EXPIRY MM/YY Security code

Name on card (block letters)

Cardholder’s signature

Send the completed form together with the full amount of the fee to:

College of Anaesthetists of Ireland

Examinations Department

22 Merrion Square North

Dublin 2

Ireland

Email: exams@coa.ie