Attach

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**Application for the Fellowship of**

**The Joint Faculty of Intensive Care Medicine of Ireland (F.J.F.I.C.M.I) Written Examination**

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| --- | --- | --- | --- | --- | --- | --- |
|  | Day | Month | Year |  |  |  |
| Date of Intended Exam |  |  |  |  | College ID |  |
|  |  |  |  |  |  |  |
| Surname |  |  |  |  |  |  |
| First Name |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Day | Month | Year |  |  |  |
| DOB |  |  |  |  | Nationality |  |
|  |  |  |  |  |  |  |
| Email Address |  | | |  | Gender |  |
|  |  |  |  |  |  |  |
| Correspondence Address | |  |  |  | Mobile |  |
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|  | | | |  |  |  |
| Medical Council Registration Number | | |  | |  |  |
|  |  |  |  |  |  |  |
| JFICMI Trainee Registration Number | | |  | |  |  |

Please list your Intensive Care Modular Training (each module ≥ 2 months dedicated ICM training):

**The Kaizen on-line platform ITAs are utilised to cross check modular completion and eligibility. From 2022 the exam application form will no longer require a department head sign-off. Where a module does not have an ITA, it will not be considered as an eligible module.**

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| **Hospital** | **Dates** | **Supervisor of Training** |
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Complementary training

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| --- | --- | --- | --- |
| **Hospital** | **Dates** | **Specialty** | **Signature of Supervisor** |
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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

Signature of Exam Candidate

**Important Notes**

* Applications must be accompanied by the full amount of fee and the required certificate.
* Applications are acknowledged within seven days of receipt.
* Candidates are advised to submit their application form before the closing date, as the number of candidates may be limited.
* Candidates are required to submit a signed passport size photo.
* The closing date for applications is Friday, **21st February 2022.**

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

Candidates Full Name

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

(Payable to CAI)

CREDIT CARD NUMBER VISA VISA DEBIT MASTERCARD

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EXPIRY MM/YY Security code

Amount €500.00

Name on card (block letters)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Joint Faculty of Intensive Care Medicine of Ireland

22 Merrion Square North

Dublin 2

Ireland

Email: jficmi@coa.ie