

Application for Faculty Accreditation of Consultant (Level 8) Practitioners in Pre-hospital Emergency Medicine

This application form is for application for Faculty Accreditation of Consultant (Level 8) Practitioners in Pre-hospital Emergency Medicine.

Before completing this application form please read 'Regulations for Faculty Accreditation of Consultant (Level 8) Practitioners in Pre-hospital Emergency Medicine'.

All parts of this application form should be filled out and then submitted to fphc@rcsed.ac.uk or via post to:

Faculty of Pre-Hospital Care,
The Royal College of Surgeons of Edinburgh,
Nicolson Street,
Edinburgh
EH8 9DW

The Faculty of Pre-Hospital Care will acknowledge all applications and commence the review process. This will typically take three months.

1. Personal Details

1.1 Title

1.2 Last name

1.3 First name(s)

1.4 Full address

1.5 Telephone number (*Home*)

1.6 Email address

1.7 Gender

1.8 Date of birth

1.9 GMC/NMC/HCPC

Part 2. Information for Step 1 of application

2.1 I hold the Fellowship in Immediate Medical Care of the Royal College of Surgeons of Edinburgh.

Yes

(please move onto section 3)

Date of award of FIMC:

No – but I have been exempted from FIMC for purposes of Faculty Accreditation

(please move onto section 3)

No

(please move onto section 2.2)

2.2 I am applying for **exemption** from the FIMC examination in accordance with the 'Regulations for Faculty Accreditation of Consultant (Level 8) Practitioners in Pre-hospital Emergency Medicine'.

2.3 I submit an electronic portfolio of evidence as a PDF.

Part 3. Information for Step 2 of application

3.1 I attach a physical portfolio of clinical and operational experience that complies with the regulations for Faculty Accreditation.

Part 4. Declaration of accuracy and data sharing

4.1 I agree to the following statements:

- I understand that before an assessment of my application can proceed, the Faculty of Pre-Hospital Care must have received the requisite supporting evidence detailed on this application form and to the standard.
- I confirm that, to the best of my knowledge, all of the information that I have provided in this application represents a true and accurate statement. I understand that any serious misrepresentation or false information supplied with the intention to mislead is a probity issue that may be reported to the General Medical Council.
- I agree that the information provided by me may be processed, in accordance with the Data Protection Act, for legitimate purposes connected with my application.

4.2 Name of applicant

4.3 Signature of applicant and date

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Please ensure that the appropriate fees have been paid – current fees for Step 1 and Step 2 are available from the Faculty of Pre-hospital Care.