



**Please return your application to:**

Ms Stephanie Billault  
FSEM Office  
Royal College of Surgeons in Ireland  
RCSI House  
121 St Stephen's Green  
Dublin 2

**Faculty of Sports and Exercise Medicine (RCPI & RCSI)**

**ASSOCIATE MEMBERSHIP APPLICATION FORM – ATHLETIC THERAPY PATHWAY**

Please ensure you have read the Associate Membership criteria carefully before submitting an application for Associate Membership to the FSEM office

Please Print Clearly

<b>Title:</b>	
<b>Surname:</b>	
<b>First Name:</b>	
<b>Area of expertise:</b> <i>(eg. Research, Education, etc.)</i>	
<b>Professional Address:</b>	
<b>Telephone No.:</b>	
<b>Mobile No.:</b>	
<b>Fax No.:</b>	
<b>E-mail address:</b>	
<b>Qualifications:</b>	
<b>Current Position:</b>	
<b>Sports Medicine Affiliations:</b> <i>(ISMA, FIMS, BASEM, etc.)</i>	
<b>Specific Sports Medicine Involvement (personal or professional):</b> <i>(Hurling, Gaelic Football, Soccer, Cricket, Basketball, Hockey, Swimming, Orienteering, etc.)</i>	
<b>Research &amp; Publications:</b>	

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To: The Chairman, FSEM Fellowship & Membership Committee, FSEM

I wish to apply for **Associate Membership** of the Faculty & I make this application on the grounds set out in the criteria.

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**APPLICATION CHECKLIST (TO BE COMPLETED BY APPLICANT)**

I have enclosed:

		Please tick box
(a)	<b>Cover letter</b>	<input type="checkbox"/>
(b)	<b>Application form</b>	<input type="checkbox"/>
(c)	<b>Up-to-date CV highlighting current/future involvement in Sports and Exercise Medicine (including referees' names and contact information)</b>	<input type="checkbox"/>
(d)	<b>Notarised copy of Sport Sciences (BSc), Exercise Sciences (BSc), Sport Rehabilitation (BSc), Personal Trainer (BSc) or Biomechanics (BSc) degree</b>	<input type="checkbox"/>
(e)	<b>Notarised copy of CORU registration certificate or Professional Regulatory Body registration certificate (or equivalent)</b>	<input type="checkbox"/>
(f)	<b>Application fee of €100 to be paid on-line by credit card or a cheque for that same amount made payable to "RCSI" enclosed with the application pack (Please note: a payment link will be sent to all candidates wishing to pay by credit card on-line, upon receipt of their application form and documents)</b>	<input type="checkbox"/>

I confirm that I have read the Associate Membership Criteria and enclosed the required documentation and fee for consideration. I understand that submitting an incomplete application will result in delays in my application being assessed by the Fellowship and Membership Committee of the Faculty of Sports and Exercise Medicine (RCPI & RCSI).

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

**DN55 / 1551 / A260**