



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)

MEMBERSHIP APPLICATION FORM – MEDICAL PATHWAY

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

Please Print Clearly

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

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

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

Please tick box

Route 1 – Progression Pathway <input type="checkbox"/>	Route 2 – Direct / Academic Pathway <input type="checkbox"/>
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APPLICATION CHECKLIST (TO BE COMPLETED BY APPLICANT)

ROUTE 1 – Progression Pathway

I have enclosed:

Please tick box

Fully completed application form	<input type="checkbox"/>
Cover letter	<input type="checkbox"/>
Up-to-date CV (including referees' contact information)	<input type="checkbox"/>
CARES course or equivalent (copy of "in date" certificate)	<input type="checkbox"/>
Attendance at 6 FSEM SEMSEP modules or webinars in the 3-year cycle (copies of certificates)	<input type="checkbox"/>
Attendance at 2 FSEM annual meetings in the 3-year cycle (copies of certificates)	<input type="checkbox"/>
2 presentations (oral or poster) at 2 SEM meetings or SEM topics at 3 non-SEM meetings in the 3-year cycle (copies of certificates or conference programmes re: presentations) OR FSEM UK Membership Exam parts 1 & 2 (copy of certificate /letter from RCS Ed.)	<input type="checkbox"/>
2 publications (one as first author) in peer review journals in areas related to SEM (copy of abstract with journal details and impact factor)	<input type="checkbox"/>
Involvement with sport teams/athletes/community rehabilitation or exercise programmes (official letter on headed paper from organisation outlining duties/role)	<input type="checkbox"/>
150 CPD credits in the 3-year cycle (50% should be in SEM) – CPD log sheet duly completed + copies of CPD evidence (certificates etc.)	<input type="checkbox"/>
Notarised copy of medical registration (MCI or equivalent)	<input type="checkbox"/>
Application fee of €200 to be paid on-line by credit card or a cheque for that same amount made payable to: FSEM / RCSI included 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)	<input type="checkbox"/>
DESIRABLE: Involvement in Faculty activities (committee work, teaching etc.)	<input type="checkbox"/>

ROUTE 2 – Direct/Academic Pathway

I have enclosed:

Please tick box

Fully completed application form	
Cover letter	
Up-to-date CV (including referees' contact information)	
Notarised copy of Membership certificate (MRCSI, MRCPI, MRCEM, MICGP etc.)	
Involvement with sport teams/athletes/community rehabilitation or exercise programmes (official letter on headed paper from organisation outlining duties/role)	
150 CPD credits in the 3-year cycle (50% should be in SEM) – CPD log sheet duly completed + copies of CPD evidence (certificates etc.)	
Notarised copy of medical registration (MCI or equivalent)	
Application fee of €200 to be paid on-line by credit card or a cheque for that same amount made payable to: FSEM / RCSI included with the application pack (<u>Please note</u>: 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)	

I confirm that I have read the 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 & Membership Committee of the Faculty of Sports and Exercise Medicine (RCPI & RCSI).

Name: _____

Signature: _____ Date: _____

*For office use only:***DN55 / 1551 / A260**

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