



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 – PHYSIOTHERAPY 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"/> |
|---|---|

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) | <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 CORU registration certificate or Professional Regulatory Body registration certificate (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 MSc degree (SEM, MSK or equivalent) | |
| 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 CORU registration certificate or Professional Regulatory Body registration certificate (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**

FINAL - 2024