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**APPLICATION FOR FELLOWSHIP OF EUSEM (FESEM)**

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been a member of EUSEM? Please give dates.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please outline your contributions to Emergency Medicine in Europe (enclosed in the box below, in less than 200 words). Include details of positions of responsibility and major achievements within EUSEM and other relevant national European organisations.
2. Please enclose a comprehensive Curriculum Vitae with your application for Fellowship. This should include full details of positions held (including positions of responsibility with your employer and with professional organisations); published research papers; papers presented at scientific meetings and any other relevant information.
3. Please enclose TWO (2) signed references from professional colleagues who can comment on your achievements in the field of Emergency Medicine within Europe in support of your application for Fellowship; one of these references should be from a senior member or Fellow of EUSEM or of your National Emergency Medicine Society.
4. Please go to your account on the EUSEM website ([www.eusem.org](http://www.eusem.org)) and ensure that your details are up to date and that you have paid your current subscription fee.
5. Please sign the following declaration:
   1. I confirm that I have been a Full Member of EUSEM for at least five consecutive years till date and that I am currently a Member of EUSEM in good standing (i.e. I have paid my current annual membership fees).
   2. If elected to the Fellowship of EUSEM, I undertake to pay the Annual Fees applicable to Fellows, and I acknowledge that if I do not pay these annual fees, then my entitlement to describe myself as a Fellow of EUSEM will lapse forthwith.
   3. I acknowledge that if my application for Fellowship of EUSEM is not successful, I shall have no right of appeal and I may re-apply for the Fellowship of EUSEM no less than two (2) years after my unsuccessful application.
   4. I declare that I am committed to the concept of the Specialist Emergency Medicine Physician within Europe, providing emergency medical care in both the hospital and pre-hospital environments.
   5. I declare that I recognise and support EUSEM’s position as the major scientific and professional society for the discipline of Emergency Medicine in Europe.

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

Please email to info@eusem.org, or telephone on +32 3870 4616, if you have any queries about this form or the application process for Fellowship of EUSEM.