



AUSTRALASIAN COLLEGE  
FOR EMERGENCY MEDICINE

## MEMBERSHIP

Form No: COR459  
Approved: Oct-2015  
Last Revised: Jun-2018

### DECLARATION CONCERNING RETIREMENT FROM PRACTICE AS A SPECIALIST EMERGENCY PHYSICIAN

Pursuant to the Constitution of the Australasian College for Emergency Medicine,

I, ..... M'ship No:.....  
of .....

do solemnly and sincerely declare:

1. That I am a Fellow of the Australasian College for Emergency Medicine.
2. That I have completely and permanently retired from practice, including related activities such as teaching and examining, as a specialist emergency physician.
3. That I have ceased to act as an expert witness in the field of emergency medicine, except in:
  - (a) Cases for which I have already provided an opinion prior to the date of signing this Retirement Declaration, and
  - (b) Cases which deal with medical practices current during any time I was in active practice as a specialist emergency physician and prior to my signing this Retirement Declaration
4. That, should I at any time resume clinical practice as a specialist emergency physician (or undertake any specialist work in emergency medicine):
  - 4.1 I undertake to notify the College in writing forthwith, and
  - 4.2 I understand and acknowledge that I shall be required to satisfy such requirements of the College's Continuing Professional Development program and such other requirements as are deemed appropriate by the ACEM Board.

DECLARED at: .....

in .....

this ..... day of ..... 20.....

.....  
Signature of Declarant

In the presence of: .....

.....  
Signature of Witness

Name of Witness (*block letters*) .....

Address: .....

..... Postcode .....