

COLLEGE OF ANAESTHETISTS OF IRELAND

PANEL OF EXAMINERS - APPLICATION FORM

Please use block capitals

Name: _____

Address: Home _____

Phone _____ Mobile _____

Hospital Address: _____

Phone _____ Fax _____

Date of Birth: _____

Qualification(s)
with dates _____

DATE OF SPECIALIST REGISTRATION _____

ARE YOU IN GOOD STANDING WITH THE COLLEGE OF ANAESTHETISTS OF IRELAND? YES/NO

INDICATE THE SECTIONS(S) OF THE EXAMINATION IN WHICH YOU ARE WILLING TO EXAMINE:

Please tick ✓

PRIMARY: PHYSIOLOGY (including clinical measurement) ☐

PRIMARY: PHARMACOLOGY (including physics of anaesthesia) ☐

PRIMARY: OSCE ☐

FINAL: CLINICAL ANAESTHESIA ☐

FINAL: PAIN ☐

FINAL: INTENSIVE CARE ☐

PAIN DIPLOMA: ☐

Details of appointments to hospitals which are part of approved rotational training programmes in the Republic of Ireland, Northern Ireland, United Kingdom or other countries:

Details of teaching involvement - both past and present:

Details of your particular area of expertise and / or experience:

Do you participate in and meet the requirements of the CAI or RCA programmes for continuous professional development (CPD or CME).

Please tick ✓

Yes ☐ No ☐

Please indicate what particular contribution you believe you can make as an examiner:

Names and addresses of three referees, at least one of whom is a present or past examiner:

1. _____

2. _____

3. _____

Any additional relevant information / comments:

Date: _____

Signature: _____

This application must be accompanied by your Curriculum Vitae