



# The Australasian College of Cosmetic Surgery

## *Raising Standards, Protecting Patients*

### APPLICATION FORM

Please read through the enclosed document titled Accreditation and Related Matters to make sure you qualify for Fellowship.

Please tick one:

I am applying for FACCS (Fellow)

I am applying for FFMACCS (Fellow of the Faculty of Medicine)

A Fellow is a Qualified Member of the College who is a medical practitioner practising in Cosmetic Surgery (as an Invasive Proceduralist) and/or Cosmetic Medicine.

Surname..... First Name(s).....

Principal Practice Address.....

Suburb.....State.....Post Code.....

Postal Address.....

Suburb.....State.....Post Code.....

Other Locations (Practice or Postal)

Other Address.....

Suburb.....State.....Post Code.....

Contact Telephone Numbers: Work ( ).....

Fax ( ).....

Home ( ).....

Mobile.....

Email Address.....

University of Graduation.....Year.....

Qualifications/Post-graduate Degrees/Diplomas.....

.....

Society Memberships:

Australian Medical Association

\_\_\_\_\_ or \_\_\_\_\_  
Yes No

American Academy of Cosmetic Surgery

\_\_\_\_\_ or \_\_\_\_\_  
Yes No

Others Memberships:

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....
- 7.....

Countries of Medical Registration: (please tick)

Australia ( )      New Zealand ( )      Other ( ) \_\_\_\_\_

Current Hospital Accreditations for Operating Privileges (Required for Surgeons only):

- 1. ....
- 2. ....
- 3. ....
- 4. ....
- 5. ....
- 6. ....

**Cosmetic Procedures Currently Performed: (please tick)**

Log books are required with application. **100 cases per each register** applied for.

Cosmetic Medicine (non-invasive procedures such as Collagen, Botox, Chemical Peels etc)

Sclerotherapy

Laser

Non-invasive such as vascular, pigment, tattoo and hair removal lasers

Laser Skin Resurfacing

Incisional Laser Surgery (blepharoplasty, endoscopic brow lift)

Hair Transplant Surgery

Dermatological Surgery

Benign Skin Lesions

Skin Cancer Surgery

Body Contouring Surgery

Liposuction

Abdominoplasty

Breast Augmentation

Breast Reduction

Body Implants

Facial Cosmetic Surgery

Blepharoplasty

Brow lifts endoscopic/coronal

Rhinoplasty

Facial Implants

Face/Neck Lifts

Oral & Maxillo-Facial Surgery

Genital Cosmetic Surgery

Penile Phalloplasty

Labioplasty

Current Professional Indemnity Insurance Organisation:.....

• Membership Category:.....

• Number:.....

Referees (must be Fellows of the ACCS)

1. ....
2. ....

Please enclose with this application, photocopies of:

- Medical Board Registration (for all states of practice)
- Current Certificate of Professional Indemnity Insurance

↓  
**Sample of Log Books:**

Patient Initials	Date of procedure	Procedure	Complications	Location	O/A/P Observed Assisted Primary Surgeon

Log books may be audited at any time.

## Security Levels

Member information confidentiality is important to the ACCS.

If you are awarded a Fellowship to the College your details will be posted on our website as well as given out via our 1800 number. We are required to obtain your permission to give out such information. Please fill in the form below regarding the level of security you are comfortable with and send along with application form.

Referring to the security level table below, please allocate a security level for details given in this application form.

Level 1 = available to any inquirer

Level 2 = available only to other doctors

Level 3 = available only to other College members

Level 4 = available only to College Council

Level 5 = available only to Council Executive

Name Level \_\_\_\_\_

Practice address(es) Level \_\_\_\_\_

Practice phone number Level \_\_\_\_\_

Practice fax number Level \_\_\_\_\_

Website address Level \_\_\_\_\_

Email address Level \_\_\_\_\_

Home phone number Level \_\_\_\_\_

Home/Postal address Level \_\_\_\_\_

Mobile number Level \_\_\_\_\_

Other Affiliations:  
eg AMA, CPSA etc Level \_\_\_\_\_

Indemnity Level \_\_\_\_\_

Insurer's Name Level \_\_\_\_\_

**APPLICANT’S DECLARATION**

I hereby apply for membership as a Fellow/Medical Fellow of The Australasian College of Cosmetic Surgery Ltd, and in the event of my application being approved by the College and the Board of Censors of the College, I hereby agree:

- (a) to abide by the Constitution of the College and its By-Laws, and
- (b) to observe the Code of Conduct of the College
- (c) to pay to the College such sums as may be due by me, by way of Application fees and Annual fees as may be determined from time to time by the Council of the College.

Surname .....

First name(s) .....

Dated this      day of                      200

.....  
Applicant signature

For Office Use only:

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Response: \_\_\_\_\_ Date: \_\_\_\_\_

Determination: \_\_\_\_\_ Date: \_\_\_\_\_

Letter Sent out: \_\_\_\_\_ Date: \_\_\_\_\_