

APPLICATION FORM: COSMETIC SURGERY PRECEPTOR

1. PERSONAL DETAILS

Name	
Principal practice address	
Contact phone	
Contact email	
Year of admission as an ACCSM Cosmetic Surgery Fellow	
ACCSM Member Number	

Please complete written responses to the following key selection criteria and include a current Curriculum Vitae as an attachment to your application.

1. Brief summary of positions held since fellowship attained:

2. Outline prior experience in teaching, training, clinical supervision, education, assessments and/ or examinations:

3. Outline your suitability for the role, referring to the Preceptor PD to support your response

SUPPORTING DOCUMENTATION

Please provide current copies of the following:

- Curriculum vitae

Signed:

Date:

SUBMISSION AND OUTCOME

Please submit your full application (with all supporting documents) via email to:

admin@accsm.org.au

The Board of Censors will review all applications for preceptorship at their next meeting. In-complete applications will not be reviewed. Applicants will be notified of the outcome of their application within 7 days of the BOC meeting.

Decisions can be appealed as guided by the [Reconsideration, Review and Appeal of Decisions Policy](#)