



## ACADEMY OF MEDICINE, SINGAPORE

81 Kim Keat Road, #11-00, NKF Centre, Singapore 328836  
Phone: 6593 7800 Fax: 6593 7860  
Email: [main@ams.edu.sg](mailto:main@ams.edu.sg) Website: [www.ams.edu.sg](http://www.ams.edu.sg)

### APPLICATION FOR MEMBERSHIP

Thank you for your interest to join the Academy of Medicine, Singapore.

#### AMS Membership Application Process

- (a) To apply, you may choose to complete the following application form and submit it, with accompany materials, with a non-refundable application fee of \$53.50 (inclusive of 7% GST) to:

The Academy of Medicine, Singapore  
81 Kim Keat Road, #11-00 NKF Centre  
Singapore 328836

ATTN: Membership Officer

- (b) Or apply online via our e-MAP (electronic Membership Application and Processing) available at <http://application.ams.edu.sg/form/> with a non-refundable application fee of \$42.80 (inclusive of 7% GST).

- (c) After your application is received, you will receive an e-mail confirmation. Please allow several weeks for the application process.

#### Membership Category and Fees

Category	Entrance Fee*	Membership Fee*
<b><u>Fellow</u></b> Qualified individuals of the Medical or Dental profession holding a primary qualification registrable with the Singapore Medical Council or the Singapore Dental Council. <b>+A reduced entrance fee of \$300 would apply to applicants who apply within six months of SAB Accreditation.</b>	S\$500+	S\$500
<b><u>Ordinary Member</u></b> Qualified individuals of the Medical and Dental professions who are pursuing specialty training in an accredited department	S\$100	S\$100
<b><u>Overseas Fellow</u></b> Fellows who are normally resident outside Singapore (minimum of 6 months)	S\$500	S\$100

*Note: \*prevailing GST applies*

Upon successful admission to the Academy, each Fellow will be requested to make the following payments:

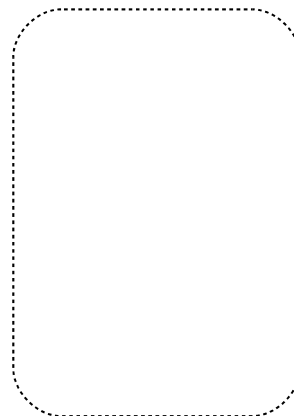
1. a one-time entrance fee;
2. pro-rated subscription fee for first year
3. one-time payment to the Building and Endowment Fund of \$1,000 (inclusive of GST)

If you have any questions or need further information, please call our membership officer at  
Tel No.: (65) 6593 7883 or via email at [membership@ams.edu.sg](mailto:membership@ams.edu.sg).

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Phone: 6593 7800 Fax: 6593 7860

Email: [main@ams.edu.sg](mailto:main@ams.edu.sg) Website: [www.ams.edu.sg](http://www.ams.edu.sg)**APPLICATION FOR FELLOWSHIP (DENTAL SPECIALISTS)**

Membership Type:

Please indicate the specialty (specialties) you are registered with the SDC:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Please indicate the College/Chapter of your specialty (specialties) or leave it blank if unsure.

College: \_\_\_\_\_ Chapter: \_\_\_\_\_

<b>A: PERSONAL DETAILS</b>				
Surname:		Given Name:		Salutation:
NRIC/Passport No:		FIN No:		
Date of Birth:			Nationality:	
Gender:			Ethnic Group:	
Home Address:			Office/Practice Address:	
Postal Code:			Postal Code:	
Preferred mailing address (tick one):				
Tel:	(Home)	(Office)	(Mobile)	(Fax)
Email address:(compulsory information)				
<b>B: QUALIFICATIONS / POSTGRADUATE STUDIES</b>				
Please attach Certified True Copies of your certificates.				
Type (Basic/Post-graduate)	Qualification	Year	Conferring Institute	Country

<b>C: EMPLOYMENT HISTORY</b> *Applicant may indicate part-time postgraduate teaching in institutions. Please begin with your most current or last held appointment.				
Department	Institution	Appointment	From	To
<b>D: APPOINTMENTS IN OTHER PROFESSIONAL ORGANIZATIONS</b>				
Organisation	Appointment	Membership Type	From	To
<b>E: SPECIALTY</b>				
Please indicate the duration for:				
1. MDS programme (if applicable):		No. of year(s) mth(s)		
2. Practicing specialty after MDS (if applicable):		No. of year(s) mth(s)		
3. Practicing specialty in an accredited department		No. of year(s) mth(s)		
4. Application to restrict Practice approved by Singapore Dental Council (if applicable): (if yes, please attach approval letter from SDC)				
5. Full-time SDC-approved restricted private practice after MDS:		No. of year(s) mth(s)		
Clinical interest(s):		Research interest(s):		
1.		1.		
2.		2.		

<b>E: OVERSEAS TRAINING/ATTACHMENT (If Applicable)</b>			
Please indicate the period in overseas and reason(s).			
From	To	Country	Reason(s)
<b>F: LEAVE DECLARATION (If Applicable)</b>			
Please indicate the period of leave taken during your period of training, if any eg. Reservists, maternity (exclude vacation).			
From	To	Months	Reason(s)
<b>G: REFEREES</b> * <u>Not</u> a direct family member of the applicant and must be a current paid member. List three referees, two of whom shall be Fellows of the Academy of Medicine, Singapore of 5 years' standing and one of these Fellows shall be in the same specialty as the applicant.			
	Referee 1 (specialty within the same Chapter/College with 5 years standing)	Referee 2	Referee 3
Name			
FAMS admission date			
DCR No			
Address			
Contact no			
Email address			
Signature of referee * (indicating consent)			
* In the absence of signatures, relevant documents (email correspondences/letters) indicating consent from referees to be attached to application.			
<b>H: WHY DO YOU WANT TO BE A MEMBER OF THE ACADEMY ?</b>			
1. How did you hear about AMS ?			
2. Please give us short narrative as to why you want to become a Fellow of the Academy ?			
<b>I: DECLARATION</b>			
I declare that all information and supporting documents submitted in support of this application are accurate.			
Signature of Applicant: _____		Date of Application: _____	
<b>Important:</b> The Academy of Medicine, Singapore reserves the right to verify the information submitted on your application form with the academic bodies or the employer(s) listed by you.			

**CHECKLIST FOR SUBMISSION OF APPLICATION:**

No.	Items	Yes	No	NA
1.	Photo is attached on the top right corner of the front page			
2.	Ticked the box of the category of membership applying for			
3.	Certified True Copies of relevant documents are enclosed			
	a. Letter from Singapore Dental Council for restriction of dental practice			
	b. Certificate of dental registration with Singapore Dental Council			
	c. Other certificates of qualifications / postgraduate studies			
4.	Logbook is enclosed <input type="checkbox"/> Hardcopy <input type="checkbox"/> CD-ROM <input type="checkbox"/> Softcopy (Excel format) Email: cdss@ams.edu.sg			
5.	Letter from institution supporting your overseas training/attachment is enclosed			
6.	Copy of Curriculum Vitae is enclosed			
7.	Business card (if available) is enclosed			
8.	Non-refundable application fee of S\$53.50 (with GST included) is enclosed			

**FOR AMS USE**

Application Ref. : \_\_\_\_\_ Date : \_\_\_\_\_

Application Fee  YES  NO

Exit Certified by JCST  YES  NO  NA

Registered with SAB  YES  NO  NA

Recommended by  3 Referees  Chapter  College  Standing Committee  Others \_\_\_\_\_

Result of Application  Approved  Rejected  Deferred

**Thank you for your interest.**

**Mail this form with payment to:  
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