



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 Website: 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*
Fellow Qualified individuals of the Medical or Dental profession holding a primary qualification registrable with the Singapore Medical Council or the Singapore Dental Council. +A reduced entrance fee of \$300 would apply to applicants who apply within six months of SAB Accreditation.	S\$500+	S\$500
Ordinary Member Qualified individuals of the Medical and Dental professions who are pursuing specialty training in an accredited department	S\$100	S\$100
Overseas Fellow 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:

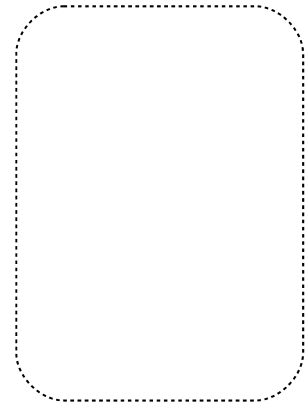
1. a one-time entrance fee;
2. pro-rated subscription fee for first year
3. one-time payment to the Building and Endowment Fund of \$1,000 (inclusive of GST)

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.



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APPLICATION FOR FELLOWSHIP

Membership Type:

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

- 1. _____
- 2. _____ (Dual Accreditation, if applicable)

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

College: _____

Chapter: _____

A: PERSONAL DETAILS				
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: QUALIFICATIONS / POSTGRADUATE STUDIES				
Please attach Certified True Copies of your certificates.				
Type (Basic/Post-graduate)	Qualification	Year	Conferring Institute	Country

C: REGISTERED SPECIALTY *Not applicable to Ordinary Member.
Please attach Certified True Copies of your certificates.

Authority	Specialty	Date completed/ registered
Clinical Interest(s):		Research Interest(s):
1.		1.
2.		2.

D: EMPLOYMENT HISTORY
Please begin with your most current or last held appointment.

Department	Institution	Appointment	From	To

E: APPOINTMENTS IN OTHER PROFESSIONAL ORGANIZATIONS

Organisation	Appointment	Membership Type	From	To

E: OVERSEAS TRAINING/ATTACHMENT (If Applicable)			
If you will be out of the country for a period of more than six months, please indicate the period and reason(s).			
From	To	Country	Reason(s)
F: REFEREES * <u>Not</u> a direct family member of the applicant and must be a current paid member. List three referees who are Fellows of the Academy of Medicine, Singapore, two of whom shall be of 5 years' standing and in the specialty within the same Chapter/College.			
	Referee 1 (specialty within the same Chapter/College with 5 years standing)	Referee 2 (specialty within the same Chapter/College with 5 years standing)	Referee 3
Name			
FAMS admission date			
MCR 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.			
G: WHY DO YOU WANT TO BE A MEMBER OF THE ACADEMY ?			
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 ?			
H: DECLARATION			
I declare that all information and supporting documents submitted in support of this application are accurate.			
Signature of Applicant: _____		Date of Application: _____	
Important: 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 issued by JCST confirming completion of the AST			
	b. Certificate of specialist accreditation by Specialist Accreditation Board			
	c. Certificate of medical registration with Singapore Medical Council			
	d. Other certificates of qualifications/postgraduate studies			
4.	Letter from institution supporting your overseas training/attachment is enclosed			
5.	Copy of Curriculum Vitae is enclosed			
6.	Business card (if available) is enclosed			
7.	Non-refundable application fee of S\$53.50 or \$42.80 (for on-line applications) including 7% GST 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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