



**COLLEGE OF EMERGENCY PHYSICIANS
ACADEMY OF MEDICINE, SINGAPORE**

NOMINATION FORM – COUNCIL MEMBERS (TERM OF 2017 TO 2019)

(To be returned by 6:00 pm sharp on Wednesday, 8 February 2017.)

To: College Secretariat
College of Emergency Physicians
c/o Academy of Medicine, Singapore
81 Kim Keat Road, #11-00 NKF Centre
Singapore 328836

	Name of Candidate** (In Block Letters)	Signature of Candidate Indicating Consent	Name of Proposer** (In Block Letters)	Signature of Proposer	Name of Seconder** (In Block Letters)	Signature of Seconder
1						
2						
3						

** Candidate, Proposer and Seconder must be active current paid Fellows of the College of Emergency Physicians with no arrears as at 8 February 2017 and registered specialists with the Specialists Accreditation Board in the relevant specialty under the College's purview.

FORM MUST BE COMPLETED TO BE CONSIDERED

For Official Use

Date and Time Received: _____ Received by: _____