

CERTIFICATE OF SATISFACTORY COMPLETION OF THE FRANZCOG OTS TRAINING REQUIREMENTS

This is to certify that:

Name: _____

has satisfactorily completed the FRANZCOG OTS Training Requirements including:

	Dates (From - To)
A minimum 12 months supervised Prospectively Approved Training	

IN HOSPITAL CLINICAL ASSESSMENTS

	Date Completed
Diagnostic Ultrasound	
Colposcopy and the Treatment of Cervical Diseases	
Communication Skills/Communication Skills Workshop	

MRANZCOG EXAMINATIONS

	Date Examination Completed Satisfactorily
MRANZCOG Written Examination	
MRANZCOG Oral Examination	

OTS Training Supervisor (print name) _____

Signature _____

Date _____

Regional TA Committee Chair (print name) _____

Signature _____

Date _____

OTS Committee Chair (print name) _____

Signature _____

Date _____

