

DRANZCOG Advanced

Application for enrolment on the Register of Diplomates (12 month Diploma only)

Surname _____ Given Name _____

Address _____

_____ State _____ Post Code _____

Country _____

Administration of Women's Reproductive Health CPD Points

Diplomats of the College are required to obtain CPD points in Women's Reproductive Health. Please indicate which College will be responsible for recording your points

Please tick **ONE** of the following:

RACGP My RACGP QA & CPD number is: _____

ACRRM My ACRRM membership number is: _____

I do not belong to either RACGP or ACRRM and request that details of my points be sent to **RANZCOG**

Declaration

I certify that the information contained on this form is a true and accurate record

Signature _____ Date ____/____/____

Registration Fee

The current registration fee is **\$AUD185.00**. Payment must be included with this application.

I have attached a cheque/money order for payment of the DRANZCOG Registration Fee
(Please make Cheques payable to the Royal Australian and New Zealand College for Obstetricians and Gynaecologists)

Please debit my credit card for Payment of the DRANCOG Registration Fee.

Card Type Visa Card Mastercard

Cardholders Name: _____

Card Expiry Date: _____ / _____

Card Number: _____

Amount Paid: \$ AUD _____ Signature: _____

*NB: Receipts will not be issued. Your bank receipts are your receipt for the ATO if needed.

DRANZCOG

Application for enrolment on the Register of Diplomates



The Royal Australian and New Zealand College for Obstetricians and Gynaecologists

I, _____

do hereby declare as a Diplomate of the Royal Australian and New Zealand College of

Obstetricians and Gynaecologists that I will faithfully observe the requirements of the

Diploma regulations of the College, and further, that I will at all times maintain the

highest level of practice in obstetrics. I understand that if at any time I am declared an

unfinancial Diplomate of the College, my name will be removed from the

Register of Diplomates.

Signature _____ Date ____/____/____

Please return your completed declarations and registration forms to:

Ms Katherine Goodwin
DRANZCOG Administration Officer
RANZCOG College House
254—260 Albert Street
EAST MELBOURNE VIC 3002