



## Certification Declaration Form

Please complete this declaration form and email, post or fax it to:

Ms Jordan Chrisp, Senior Coordinator – NTUEMP & C-QuIP  
254 - 260 Albert Street, East Melbourne, Victoria 3002, Australia  
Fax: 03 9417 7795 Email: [cquip@ranzcof.edu.au](mailto:cquip@ranzcof.edu.au)

---

I (*print full name*).....acknowledge that,  
in the last triennium:

I have performed colposcopies. (*Please attach supporting evidence*)

**AND**

I have logged all treatments with histology, aiming for high grade changes in 80% of the cases.

**AND**

I have submitted my colposcopy and treatment data to the Chief Medical Officer through the National Cancer Screening Register (NCSR) as mandated by legislation.

**AND**

I have attended or completed a RANZCOG prospectively approved colposcopy workshop, colposcopy/HPV scientific meeting or the colposcopy online learning module (COLP) (*Please attach certificate of attendance or completion.*)

### **IMPORTANT NOTES**

1. New Zealand Fellows should remain aware of the requirements mandated by the National Screening Unit.
2. The College relies on the information contained in this C-QuIP Certification form when considering certification but it should be noted that 10% of applications for certification will be subject to audit by the CPD Committee of RANZCOG. You will need to demonstrate that you aimed for high grade changes in 80% of the cases.

**Signature of applicant**.....**Date**.....