



## Recertification 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*).....declare that:

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 received regular reports from the NCSR during the CPD time period under consideration

**AND**

I have considered and reflected on the content of the NCSR reports and instituted remedial learning initiatives where appropriate

**AND**

I have attended or completed a RANZCOG prospectively approved colposcopy workshop, colposcopy/HPV scientific meeting or 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. Fellows should follow-up with evaluation and reflection on their individual reports from the NCSR and institute practice improvement initiatives where indicated. You may be eligible to claim PAR points following completion of this activity.
3. The College relies on the information contained in this C-QuIP Re-certification form when considering Recertification but it should be noted that 10% of Applications for Recertification will be subject to audit by the CPD committee of the RANZCOG. You will need to demonstrate how the practice improvement initiative has been instituted.

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