



# RANZCOG Confirmation of Retirement

Pursuant to the Constitution of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) I confirm that I, \_\_\_\_\_ FRANZCOG, have completely retired from clinical practice as a specialist obstetrician and gynaecologist.

As a Retired Fellow of the College, I acknowledge that re-entry into clinical practice as a specialist obstetrician and/or gynaecologist (or to undertake any specialist obstetric or gynaecological clinical work) requires a written application to RANZCOG for reinstatement to Fellowship and satisfaction of any requirements deemed appropriate by the RANZCOG Board.

RANZCOG ID: \_\_\_\_\_

Date Retired: \_\_\_\_\_

Comments: \_\_\_\_\_

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I, \_\_\_\_\_ FRANZCOG confirm that the statements shown above are correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions regarding this form, please contact RANZCOG Member Services at [membership@ranzcof.edu.au](mailto:membership@ranzcof.edu.au).

Please return this form by:

Email: [membership@ranzcof.edu.au](mailto:membership@ranzcof.edu.au)

Fax: +61 3 9419 0672

Mail: Member Services

Royal Australian & New Zealand College of Obstetricians and Gynaecologists

College House, 254-260 Albert Street

East Melbourne VIC 3002

AUSTRALIA