



# 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 and am no longer practising or registered as a medical practitioner in Australia or New Zealand.

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 the RANZCOG Membership Team at [membership@ranzcog.edu.au](mailto:membership@ranzcog.edu.au).

Please return this form by:

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

Mail: College Place  
1 Bowen Crescent  
Melbourne, VIC 3004