



The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists
Excellence in Women's Health

Certificate of Women's Health

Application for enrolment on the Register of Certificants

SURNAME _____ GIVEN NAME _____

ADDRESS _____

_____ STATE _____ POST CODE _____

COUNTRY _____

Administration of Women's Reproductive Health CPD Points

RANZCOG Certificate holders 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 therefore 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 \$AUD329.00. Payment must be included with this application.

Cost Code: 41700DAD

- ☐ Please debit my credit card for payment of the Certificate Registration Fee.

Card type ☐ Visa card ☐ Mastercard



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Cardholder's name: _____

Card Expiry Date: ____/____/____

Card number: _____

Amount paid: \$AUD _____ Signature: _____

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

PRIVACY POLICY

The College is committed to ensuring the privacy of individuals, in accordance with applicable privacy principles in Australia and New Zealand. The College's Privacy Policy provides details regarding the information handling practices and gives guidelines for access to any information retained by the College. The College may at times need to disclose information to third parties when entering into transactions for the purpose of College business. For more information please refer to section 2.4 of the RANZCOG Privacy Policy https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Governance/Policies%20and%20Guidelines/RANZCOG-Privacy-Policy-2014.pdf

I, _____

do hereby declare as a Certificate holder of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists that I will faithfully observe the requirements of the Certificate holder 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 Certificate holder of the College, my name will be removed from the Register of Certificants.

Signature _____ Date ____/____/____

Please return your completed declarations and registration forms to:

RANZCOG College House
254-260 Albert Street
EAST MELBOURNE VIC 3002
Email: dts@ranzcog.edu.au