

# Certification in Obstetrical and Gynaecological Ultrasound (COGU) In-Hospital Clinical Assessment (IHCA) Application Form - **Level 3 Only**



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

This form, along with payment, must be sent to the **COGU Training Program Coordinator** before the planned date of the first Level 3 Summative IHCA. To find the current fee for the IHCA, see Assessment and Examination Fees tab here: [RANZCOG Fees](#)

## TRAINEE DETAILS

Full Name: ..... Trainee ID: .....

Telephone: ..... Mobile: .....

Email: ..... Year of training: .....

The Level 3 COGU IHCA consists of four (4) compulsory competencies involving 5 cases - 3 obstetric and 2 gynaecological.

- COGU 12 week assessment
- COGU Mid trimester assessment
- COGU Third trimester assessment
- COGU Gynaecological assessment (2 cases)

I confirm that I have:

- Satisfactorily completed Level One and Two Summative IHCA

## PAYMENT

Card Type:  VISA  MASTERCARD

Applicant's Name: ..... Cardholder's Name: .....

Card No.: ..... Card Expiry Date: ..... / .....

Total A\$: ..... Signature: .....

Submit completed form to **COGU Training Program Coordinator** via email: [coгу@ranzсog.edu.au](mailto:coгу@ranzсog.edu.au)

Once approved, this form will be returned to you as acknowledgement.

### Tax Invoice

**ABN 34 100 268 969**

This document becomes a Tax Invoice for GST when payment is received