

SECTION 11

CERTIFICATES OF SATISFACTORY COMPLETION OF TRAINING (CSCT)

- ➔ CSCTs cannot be signed prior to the appropriate certification/elevation date.
- ➔ **Core** - this certificate should be signed by the ITP Co-ordinator on completion of your required 184 weeks of Core Training.
- ➔ **MRANZCOG** – this certificate should be signed by the relevant Regional/NZ TAC Chair.

In order to have this certificate signed you must:

- ➔ Have had your Membership Application **approved** by the RANZCOG TA Committee and RANZCOG Board.
 - ➔ Submit all pre-Membership Logbooks – signed by you, your Training Supervisor and the consultants to your Regional Office to be reviewed by the Regional TA Chair.
 - ➔ Submit your Six-monthly Summative Assessment Report for the training period up to the Membership certification date.
 - ➔ Have completed 184 weeks of Core training.
- ➔ **FRANZCOG** – this certificate should be signed by the relevant Regional/NZ TAC Chair.

In order to have this certificate signed you must:

- ➔ Have had your Fellowship Application **approved** by the TA Committee and RANZCOG Board.
- ➔ Submit all Logbooks – signed by you, your Training Supervisor and the consultants to your Regional Office to be reviewed by the Regional TA Chair.
- ➔ Submit your Six-monthly Summative Assessment Report & Clinical Training Summary for the training period up to the Fellowship certification date.
- ➔ Have completed 92 weeks of Advanced training.

**CERTIFICATE OF SATISFACTORY COMPLETION OF THE
CORE TRAINING PROGRAM**

This is to certify that:

Name: _____

has satisfactorily completed the 184 weeks of the Core Training

Signature _____ Date: _____

ITP Co-ordinator _____
(Sign and write name/date)

**CERTIFICATE OF SATISFACTORY COMPLETION OF THE
PRE-MRANZCOG TRAINING REQUIREMENTS**

This is to certify that:

Name: _____

has satisfactorily completed the pre-MRANZCOG (i.e. Core) training requirements

Signature _____ Date: _____

Chairman, NZ/Regional TA Committee _____
(Sign and write name/date)

**CERTIFICATE OF SATISFACTORY COMPLETION OF THE
FRANZCOG TRAINING REQUIREMENTS**

This is to certify that:

Name: _____

has satisfactorily completed the FRANZCOG (i.e. Core and Advanced) training requirements

Signature _____ Date: _____

Chairman, NZ/Regional TA Committee _____
(Sign and write name/date)