



THE HONG KONG COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS
AND
THE HONG KONG SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY



Application for re-instatement of specialist colposcopist

I Applicant

Name (surname first) _____

Correspondence address _____

Address of Colposcopy Practice

1 _____

2 _____

Phone _____ E-mail _____

II No. of colposcopic examination for new patients from _____ to _____

Data are submitted using (Please mark in the box)

Audit forms

Downloads from CMS

III No. of revision Course attended _____

IV No. of CME points related to colposcopy _____

V A HK\$ 500 application fee **Cheque number** _____