



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



COA-2

Application form for specialist colposcopy trainer

1	Fellow of the Hong Kong Academy of Medicine (Obstetrics and Gynaecology)	Date:	
2	Specialist Colposcopist training	Date of accreditation / reaccreditation:	Certificate required
3	Work in a colposcopy service centre with criteria as listed in document on trainer requirement [^]	Centre:	Certified by*: Signature:
4	Number of colposcopy examinations (at least 50) in the last 12 months#	Year: ____ to ____ No.: _____	Certified by*: Signature:
5	Number of treatments under local anaesthesia (at last 10) in the last 12 months#	Year: ____ to ____ No.: _____	Certified by*: Signature:

* Certification of experience by Lead Clinician of Colposcopy Service or Chief of Service in the institution/clinic

[^] The Hong Kong College of Obstetricians and Gynaecologists reserves the right to inspect the Colposcopy Clinic before accepting its claim if deemed necessary

The Hong Kong College of Obstetricians and Gynaecologists reserves the right to ask for submission of certified copies of individual case records for confirmation.

Name of applicant: _____ Date: _____

Signature of applicant: _____