



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



COA-1

Application for accreditation of specialist colposcopist

I Personal data

Name (surname first) _____

Correspondence address _____

Phone _____ Fax _____ E-mail _____

II Medical education and training

Medical school _____ Basic degree _____ Year _____

Member of HKCOG Year _____

Qualifications: MRCOG Year _____ FHKAM(O&G) Year _____

FRCOG Year _____ FHKCOG Year _____

Others _____

III Type of practice: HA / University / Private/Other (delete as appropriate)

V Site of training: the Colposcopy Service Centre

VI Period of Training

_____ to _____