



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



Application for re-accréditation of specialist colposcopist

I Applicant

Name (surname first) _____

Correspondence address _____

Address of Colposcopy Practice

1 _____

2 _____

Phone _____ E-mail _____

II No. of colposcopic examinations _____ from _____ to _____
(at least 50 in continuous 36-month period)

Data are submitted using (Please mark in the box)

- Audit forms
 Downloads from CMS

III No. of CME points related to colposcopy _____
(at least 6 in 36 months)

**IV No. of refresher course / clinico-
pathological conference _____**
(at least 1 in 36 months)

V A HK\$ 500 application fee Cheque number _____