



SKIN CANCER COLLEGE of  
AUSTRALIA & NEW ZEALAND

## APPLICATION FOR PART II FELLOWSHIP EXAM (OSCE)

Please complete form, attend to payment via cheque, and post the application to:

**SCCANZ**  
**Attention: Censor-in-Chief**  
**6/2081 Moggill Road**  
**KENMORE QLD 4069**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ PCode: \_\_\_\_\_ Country: \_\_\_\_\_

Telephones: Home \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**I wish to apply to sit the next Part II Fellowship exam of the Skin Cancer College of Australia and New Zealand. I enclose a cheque for \$1650, being the non-refundable examination fee made out to the Skin Cancer College of Australia and New Zealand.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

| Office use only:                      |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|
| Registered Medical Practitioner       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Completed undergraduate training      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Completed postgraduate training       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working in Skin Cancer                |                              |                             |
| 3 years full-time                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 years part-time                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SCCANZ Accreditation Certificate      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| UQ Masters Medicine (Skin Cancer)     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diploma Practical Dermatology (Wales) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SCCANZ Dermoscopy Masterclass         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SCCANZ Surgery Masterclass            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Research Publication                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Photographic Log                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Surgical Log                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Applicant qualified to sit exam       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |