



CERTIFICATE OF SKIN CANCER MEDICINE – REGISTRATION

TITLE _____ FAMILY NAME _____ MALE FEMALE

GIVEN NAMES _____ KNOWN AS _____

PRACTICE NAME _____

PRACTICE STREET ADDRESS _____

TOWN/SUBURB _____ STATE _____ POSTCODE _____

PRACTICE POSTAL ADDRESS (if different to above) _____

TOWN/SUBURB _____ STATE _____ POSTCODE _____

PHONE _____ FAX _____ MOBILE _____

EMAIL _____

QA&CPD No _____ ACRRM No _____

YES NO I am a current SCCANZ Member.

YES NO Previously completed SCSA/SCCANZ Australian Diploma of Dermoscopy, UQ Skin Cancer Certificate courses or UQ Master of Medicine (PCSCM).
If YES, which certification _____

Registration Fee includes:



- 40 hour Study Programme using recommended textbooks, online & CD teaching material
- Sydney University 8 Hour Online Skin Cancer Course – 12 month registration
- Written 3 ½ hour Examination & Marking of Surgical Case Studies
- Certificate
- Optional Listing on SCCANZ website as a Certified Skin Cancer Doctor

Registration Fee: \$1,400.00 (inc GST) **Discounted Registration Fee:** \$1,150.00 (inc GST) **
 ** Discounted Registration Fee applies to current SCCANZ members or Graduates of SCSA/SCCANZ Diploma of Dermoscopy, UQ Skin Cancer Courses (Cert PCSCM, Cert PCSCS, Cert Adv Dermoscopy or Cert Adv SCS) or UQ Master of Medicine (PCSCM)

Please note:

- Candidates must complete Examination and submit 5 surgical cases (Part C) **within 12 months of registration**
- Candidates who fail either Part A or B are allowed to re-sit these Parts for an **additional fee of \$110.00** (inc GST)
- Examinations taken away from capital city exam settings will attract an **extra fee of \$220.00** (inc GST) to cover postage and handling.

Payment Options:

1. **CHEQUE or MONEY ORDER** payable to the *Skin Cancer College of Australia & New Zealand*
 2. **DIRECT DEPOSIT** to the: **SCCANZ NAB Bank Account** **BSB: 084 004** **Account: 89 229 4920**
 If using this option please quote your surname and initial – EFT transfers without reference details will cause a delay in processing of your registration
 3. **CREDIT CARD:** **Please tick:**  
- CREDIT CARD NUMBER / / / EXPIRY /
- CARD HOLDERS NAME (as shown on card) _____
- CARD HOLDER'S SIGNATURE _____ DATE / /

Please return this form, required documentation and your payment or internet banking receipt to:
 Post: **SCCANZ: Suite 6, 2081 Moggill Rd, Kenmore QLD 4069** or Fax: **07 3878 2405** or Email: **admin@sccanz.com.au**

Queries regarding payment or bank details can be directed to our Administration via email **admin@sccanz.com.au** or by calling **07 3363 1606**

Cancellation Policy: Cancellation will result in the forfeiture of all monies paid