



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

\_\_\_\_\_