

**AN APPLICATION TO THE NEW ZEALAND CONJOINT  
COMMITTEE FOR RECOGNITION OF ENDOSOCOPY  
TRAINING IN ERCP**

Application Fee for each category is \$200.00 (GST Inclusive)

(PLEASE USE BLOCK LETTERS)

Last Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile: \_\_\_\_\_

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

Graduation Year: \_\_\_\_\_

University: \_\_\_\_\_

Higher Degrees & \_\_\_\_\_

Qualifications: \_\_\_\_\_

(with dates) \_\_\_\_\_

\_\_\_\_\_

Present Hospital \_\_\_\_\_

Appointments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Use Only	
Date Received:	
Fee Paid:	
Completed Application:	
Incomplete:	
Date Notified:	
Meeting:	
Database:	

1: Are you currently engaged in ERCP?

Yes  No

2: Have you completed and Advanced Training Program?

Yes  No

If no, expected completion date: \_\_\_\_\_ RACS  RACP

If yes, my current practice is: Gastroenterologist   
Surgeon   
Other (Please specify)  \_\_\_\_\_

3: I have received the following training in ERCP procedures:

Year	Institution	Supervisor

4: I have received Recognition of Training in Upper GI  Year: \_\_\_\_\_

5: I have completed the following number of procedures unassisted:

ERCPs: \_\_\_\_\_ Sphincterotomies: \_\_\_\_\_

Biliary Stents: \_\_\_\_\_ Stone Extractions: \_\_\_\_\_

**N.B All procedures should be completed successfully unassisted**

6: The names and addresses **of my three supervisors / referees** are:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

7: Only applications submitted on the original application form will be considered **(no facsimiles or photocopies)**

8: The **applicant is responsible** for ensuring that the completed application form, together with reports from the two (2) referees who have supervised them, plus a completed log book and summary sheet are forwarded to the Committee via the Secretariat.

9: A covering letter and cheque for the relevant (fee \$200) should be returned to:

Conjoint Committee for Recognition of Gastrointestinal Endoscopy  
PO Box 10601  
WELLINGTON 6036  
New Zealand  
Attention: Secretariat

Signature: \_\_\_\_\_

Date: \_\_\_\_\_