

THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS
APPLICATION FOR ADMISSION TO SIT THE
CLINICAL SCIENCES AND PHARMACOLOGY EXAMINATIONS
TUESDAY 6 JUNE 2006

I hereby apply for permission to present for the Clinical Sciences and Pharmacology Examinations of the Australasian College of Dermatologists.

I wish to sit the following paper/s on **Tuesday 6 June 2006**:

Clinical Sciences Examination	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Pharmacology Examination	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Payment details:

I have previously paid the examination fee. Date paid: _____
OR
 I enclose payment of the examination fee being \$1,700.00 (GST free)

I wish to pay by:

CHEQUE/MONEY ORDER (ENCLOSED)
 CREDIT CARD. MY CREDIT CARD DETAILS ARE:
 BANKCARD MASTERCARD VISA
_____/_____/_____
NAME ON CARD: _____ EXPIRY DATE: ____/____
SIGNATURE: _____

I expressly authorise the College to obtain any details or references considered necessary.

Signed: Date:

NAME IN FULL

PRIVATE ADDRESS:
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PROFESSIONAL ADDRESS:
.....
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TELEPHONE: PRIVATE: (.....) PROFESSIONAL: (.....)
MOBILE: EMAIL:

