



Request for confirmation of internship to be sent to AHPRA

COI
For office use only

Registration No:

Personal details:

Medical Council registration number:

Date of birth:

Name:

Former names:

Address for register - NZ or overseas. Registered address is public information:

Postcode:

Confirm default email:

(a copy will be sent to this email)

Requirements:

Please indicate which letter required by ticking the appropriate box (**1 year internship changed to 2 year internship Nov 2014**)

- 1 year internship valid until Nov 2014
Confirmation of internship completed and general scope (before/in Nov 2014)
- 1 year internship valid until Nov 2014 after NZREX clinical exam
Confirmation of NZREX pass and completion of internship and general scope (before/in Nov 2014)
- 2 year internship from Nov 2014
Confirmation of PGY1 and PGY2 (full internship completed) granted from Nov 2016

The confirmation letter will be sent to COGS@ahpra.gov.au as per our agreement with the Australian Health Practitioners Regulation Agency.

Payment: A non-refundable application fee applies.

For a current list of Medical Council fees please visit our website [here](#).

- Credit card: Once your application has been received payment details will be emailed to the email address you have provided.

I consent to the above information being supplied.

Doctors signature:

Date: