



New Zealand Anaesthetic Technicians Society

REGISTRATION EXAMINATION PART II – OSCE

APPLICATION FORM

27 March 2010

APPLICATION – *Must be received before (ie post dated on or before)* **17 March 2010**

NAME:.....

REGISTRATION NUMBER.....

Ph No:.....Mobile.....Email:.....

HOSPITAL:.....

ADDRESS FOR YOUR RESULTS TO BE SENT TO:.....
.....

PART 1 PASS

NZATS USE ONLY

DATE RECEIVED:..... PAID: YES / NO RECEIPT NUMBER:.....

PT 2 –OSCE Mark_____ PASS

COMMENTS:.....

Cheque Payment to be made out to **NZATS Examination Committee**

Application documentation and examination fee of **\$450.00** to be posted no later **than 17 March 2010** to:

Sonia Botica
Short Stay Surgical Unit
Greenlane Clinical Centre
P O Box 92-189
AUCKLAND MAIL CENTRE 1142