



NZSCD

Complete to register your Expression of Interest to join NZSCD

Title:	First Name:	Surname:
Clinic Name and Address:		
MBCHB or equivalent Qualification:		
Date of Qualification:		
Vocational Registration:		
College:		
Skin Cancer Qualifications including date:		
Number of 10ths dedicated Skin Cancer practice:		
Number of years of practice including start date:		
Number of excisions per year (minimum 150):		
Other skill sets that may be considered for qualification, e.g. dermoscopy (for non-proceduralists):		

Please email completed form to info.nzscd@gmail.com