



SPECIALIST INTERNATIONAL MEDICAL GRADUATE (S-IMG) FEE AND PAYMENT ADVICE FORM

Applicant name:

Applicant email:

Payee name:

Payee email:

Please select the fee/s* that you will be paying (Excl. GST)

- Specialist Recognition Assessment AUD \$6650
- Concurrent Specialist Recognition and Area of Need Assessment..... AUD \$6650
- Australian and New Zealand Medical Graduate with Overseas Specialist Qualification Assessment..... AUD \$6650
- Ophthalmologists Assessed by the Medical Council of New Zealand Assessment AUD \$6650
- Area of Need Consideration Assessment (declaration) AUD \$1300
- Area of Need Extension Request (support for medical registration renewal) AUD \$1300

Applications for RANZCO to assess an AoN Consideration or an AoN Extension Request must be made in writing to (details below) and be accompanied by the required documents and payment of the relevant fee.

Coordinator, International Graduates & Area of Need
RANZCO 94-98 Chalmers Street
Surry Hills NSW 2010

Assessment Tasks: Not all assessment tasks will be required for each applicant. Please select from the below to pay the relevant fee/s only once you have been advised by the S-IMG Committee.

- RACE Written (payment included on the registration form) AUD \$650
- RACE Clinical (payment included on the registration form) AUD \$1880
- Period of Oversight Administration AUD \$400
- Period of Supervised Practice Administration AUD \$1000
- Practice Visit Assessment AUD \$1500
- Monitored Practice Assessment AUD \$400

***All fees are to be paid in AUD\$**

*** Some fees may be subject to GST (10%)**

1. Credit Card

Visa Mastercard

Card number:

Card expiry: /

Cardholder's name:

.....

Cardholder's signature:

Credit card verification number:

(last 3 digits of the number on the reverse side of your credit card)

2. EFT Direct Deposit

For EFT Deposits to RANZCO's Bank Account please enter the following information:

Within Australia: BSB: 062 016

Account number: 0090 4644

Account name: RANZCO

Reference number: <your surname> <your first name>

From outside Australia:

Account Name: The Royal Australian and New Zealand College of Ophthalmologists

Bank: Commonwealth Bank Account Number: 062016-00904644 Swift code: CTB AAU 2S

Reference Number: <your surname> <your first name>