



The Society of Cardiopulmonary Technology (NZ) Incorporated

c/o Cardiac Physiology, Level 3, Auckland City Hospital, Private Bag 92024, Auckland, New Zealand.
www.sct.org.nz Email: education.sct@gmail.com

APPLICATION FOR ENROLMENT TO RESIT THE CCP EXAMINATION

NAME: Mr _____
Miss _____
Ms Surname Christian Names
Mrs _____

JOB TITLE: _____

EMPLOYER: _____

SUPERVISORS NAME: _____

WORK ADDRESS: _____

WORK PHONE: _____

WORK FAX : _____

EMAIL: _____

If you would like all correspondence sent to an address other than the hospital please indicate alternative address below:

EXAM DATE: _____

CCP EXAMINATION RE-SIT FEES

The examination re-sit fee is: **\$100.00 NZD**. This includes certification from SCT.

FEES PAYMENT FORM

NAME : _____

HOSPITAL: _____

Re-sit CCP exam

\$100

TOTAL TO PAY (in NZ\$)

\$ _____

Method of payment:

Course fees enclosed

Or

Paid by Internet banking into SCT account.

If you are paying by Internet Banking:

Bank account number is: 38-9005-0953987-00

Bank: Kiwibank

Account name: The Society of Cardiopulmonary Technology

Please note the following details on the payment statement.

Particulars: CCP Exam Fee

Code: e.g. June2008

Reference: your first initial, then surname

Please attach the payment confirmation page from the internet bank as proof of payment.