



The Society of Cardiopulmonary Technology (NZ) Incorporated

c/o Cardiac Physiology, Level 3, Auckland City Hospital, Private Bag 92024, Auckland, New Zealand.
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APPLICATION FOR ENROLMENT INTO THE CERTIFICATE IN PHYSIOLOGICAL MEASUREMENT EXAMINATION RE-SIT

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: _____

FEES PAYMENT FORM

NAME : _____

HOSPITAL: _____

Re-sit theory 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: CPM Exam Fee

Code: e.g. June 2018

Reference: your first initial, then surname

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