



GENERAL PRACTICE EDUCATION PROGRAMME

Application for Recount/Reconsideration of Examination Results

NOTE: Applications must be submitted within 10 working days of receiving your examination results.

Please fill in your details below:

Full name:	<input type="text"/>	MCNZ number:	<input type="text"/>
Date of birth:	<input type="text"/>	Gender:	<input type="text"/>
Email:	<input type="text"/>	Mobile phone:	<input type="text"/>

I am applying for a recount/reconsideration of the following

<input type="checkbox"/> GPEP Clinical examination:	Date:	<input type="text"/>	Time:	<input type="text"/>
<input type="checkbox"/> GPEP Written examination:	Date:	<input type="text"/>	Venue:	<input type="text"/>

Please select your reason(s) for requesting a recount or reconsideration:

- An error in the calculation or collation of your marks
- An examiner was prejudiced or biased against you
- An irregularity in the examination

Additional information can be attached to support your request.

The Recount/Reconsideration fee is **\$75.00 + GST** for Clinical and Written. The fee is **only** refundable if there is a change to your final mark. The fee is payable to the College upon submission of the application.

I understand that I will be informed of the outcome of my application following the completion of the reconsideration process after 10 working days of receipt of this completed form.

Signature

Date

Please submit your completed application to: exams@rnzcgp.org.nz