



## GENERAL PRACTICE EDUCATION PROGRAMME (GPEP) Application for Reconsideration of Examination Results

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

Please fill in your details below:

Full Name:

Date of Birth:  Gender:

MCNZ Number:

Email:

Mobile Phone:

I am applying for reconsideration of the following:

GPEP Clinical Examination  *Date and time*

GPEP Written Examination  *Venue and date*

Please select your reason/s for requesting reconsideration below:

- 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 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 on receipt of this completed form.

Signature:  Date:

Please submit your completed application to [exams@rnzcgp.org.nz](mailto:exams@rnzcgp.org.nz)