



GENERAL PRACTICE EDUCATION PROGRAMME

Application for Recount/Reconsideration of Examination Results

PLEASE NOTE:

1. You may only apply for a recount or reconsideration **after** you have received your examination results.
2. Applications must be submitted within 10 working days of receiving your 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"/>

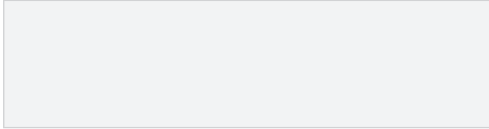
Please select your reason(s) for requesting a recount or reconsideration:

- ☐ An error in the calculation or collation of your marks (**recount**)
- ☐ An examiner was prejudiced or biased against you (**reconsideration**)
- ☐ An irregularity in the examination (**reconsideration**)

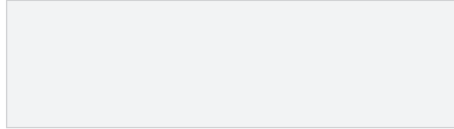
Please explain the reason for your request for a recount or reconsideration:

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.

A light gray rectangular box intended for the applicant's signature.

Signature

A light gray rectangular box intended for the applicant's date.

Date

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