

CONFIRMATION OF RETIREMENT

To enable us to process your Retirement, please provide the following information:

RACS ID: _____ **Date Fully Retired:** _____

I confirm that I, _____ FRACS am no longer practising as a medical practitioner* and:

- I do not intend to renew my medical registration with my country's medical regulator OR/
- I am not registered as a medical practitioner with my country's medical regulator OR/
- I am categorised as 'Non-practising' by my country's medical regulator.
- I do not have a CPD requirement as determined by my medical regulator

Please note: If you have a CPD requirement, then you do not meet the College's definition of retirement.

Comments:

*You should inform your medical regulator of your retirement.

I, _____ FRACS confirm that the statements shown above are correct.

Signature: _____ **Date:** _____

Once completed, please return this form to the Fellowship Coordinator:

By email (preferred): fellowship@surgeons.org

Or by mail: Royal Australasian College of Surgeons
250-290 Spring Street
East Melbourne VIC 3002 AUSTRALIA

If you have any queries or would like to discuss the retirement process we welcome you to contact our Fellowship Coordinator directly on +61 3 9249 1163, or by email fellowship@surgeons.org.

