



## *Replacement certificate order form*

### **Fellowship in Advanced Rural General Practice (FARGP)**

#### **Section A: Your details**

Title      First name      Surname  
RACGP no.      Address      Postcode  
Telephone      Mobile      Fax number  
Email

#### **Section B: Please tick to indicate which program you completed**

Graduate Diploma in Rural General Practice (GradDipRural)       Fellowship in Advanced Rural General Practice (FARGP)  
Please enter GradDipRural or FARGP ratification date (if known)

#### **Section C: Replacement certificate fee**

RACGP member: **\$85** (Inclusive of GST)

#### **Section D: Payment**

**Date**      **RACGP no.**

Cheque (make cheques payable to The RACGP)

All prices quoted include GST unless otherwise stated.  
Please keep for your records. ABN 34 000 223 807.

Credit Card (a tax invoice will be issued upon receipt of this form)

#### **How to lodge your application**

Please complete and return this form

 Fax 03 8699 0598



RACGP Rural, 100 Wellington Parade,  
East Melbourne VIC 3002

For more information call **1800 636 764** or  
email **rural@racgp.org.au**

Fees are payable to RACGP. Payment can be made either  
by cheque or credit card and must be received before your  
Replacement Certificate can be ordered.