



FRACP Paediatric Part 1 Educational Programme 2011 – 2012

Would you like to increase your Paediatric knowledge so that you can pass the written examination?

Developed in parallel with the curriculum domains, themes and learning objectives, we provide:

- Lectures by paediatricians (general, community and sub-specialty), radiologists, child psychiatrists, a statistician and others.
- 33 (2 hours each) weekly electronic lectures available via a website specifically teaching relevant topics for the Paediatric written examination.
- A recommended reading list.
- Practice multi-choice questions each month which are integrated with the topic presentations. These are marked and critiqued.
- Practice Paper 1 and 2 examinations in Feb 2012.

Course format

The teaching programme is organised from The Department of Paediatrics: Child and Youth Health, The University of Auckland, New Zealand.

It consists of web cast recordings of weekly interactive lectures on topics aimed at providing a framework of the knowledge necessary for passing the Part 1 Paediatrics written examination.

Dates

The second week of June 2011 to the last week of February 2012.

Venue

Web casts can be viewed at your convenience!

Cost

NZ \$1700.00

Technology required

Broadband internet access

Convenors - Associate Professor Cameron Grant
Dr Natalie Martin
Dr Sarah Loveday
Dr Yvonne Anderson
Andrea Evans

Registration

Please complete the attached form and return to fracpadmin@auckland.ac.nz

You must be registered by 26 May 2011.

Contact information

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Department of Paediatrics: Child and Youth Health

The University of Auckland

with

Starship Children's Hospital, Auckland, New Zealand

Registration Form

Written Examination Teaching for Part 1 FRACP Registrars
June 2011 - February 2012

**To register, complete this form,
detach and fax to +64 9 373 7486
or email to:
fracpadmin@auckland.ac.nz**

Name _____
(Please Print)

Address _____

Post code _____

Male Female

Phone Business _____

Home _____

Work _____

Mobile _____

Email _____

Fax _____

Hospitals employed at from June 2011 - February 2012
if known

Payment

Please debit

Visa Mastercard
the amount of NZ\$ _____

We are unable to accept Amex or Diners Card

Card Number

Cardholder's name _____

Expiry date

Card holder's
signature _____

For office use:

Full payment	Rec. No.	Date	\$
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