

AvMA Clinical Negligence Panel – Reaccreditation Acknowledgement Slip

Name:	Firm:
Address:	
DX:	
Email:	Telephone:

Complete this section if you will be applying for AvMA reaccreditation

I confirm that I will be submitting an application for reaccreditation:

PLEASE NOTE THAT A COMPLETED APPLICATION MUST BE RETURNED WITHIN 2 MONTHS OF RECEIPT OF THE RE-ACCREDITATION PAPERS

Complete this section if you will not be applying for AvMA reaccreditation

I confirm that I will not be submitting an application for reaccreditation:

I will not be applying because:

I understand that my membership of the AvMA Clinical Negligence Panel will be withdrawn on return of this notification. I am returning my AvMA panel certificate(s).

Signed:.....

Date:

Return form to:
Margaret Morley
AvMA
Clinical Negligence Panel Committee
44 High Street
Croydon
CR0 1YB
DX: 144267 Croydon 24

Please return this form within 7 working days of receipt