



Supporting people affected  
by avoidable medical harm

# **Panel Reaccreditation Acknowledgement Slip**

## **Avma Clinical Negligence Panel – Reaccreditation Acknowledgement Slip**

|                   |            |
|-------------------|------------|
| Name:<br>Address: | Firm:      |
| Email:            | Telephone: |

**Delete section as appropriate \***

**\* 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 4 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I understand that my membership of the Avma Clinical Negligence Panel will be withdrawn on return of this notification.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: .....

**Please return this form together with the application administration fee (only payable if applying) within the next 14 days using the details below:**

Vicki Noyce – Panel Administrator: [vicki@Avma.org.uk](mailto:vicki@Avma.org.uk)

**Please pay by electronic payment only (we are no longer able to accept cheque payments) to:**

Co-operative Bank plc

Sort Code: 08-92-99

Account No: 65583630

Account: Action against Medical Accidents