



### Residents' Assessment of Competency in Colposcopy Exam (RACCE)

Institution/Program Information			
Program Name:			
Mailing Address:			
Specialty:			
Point of Contact Information			
Name:		Title/Role:	
Email Address:			
Phone Number:			
Exam Information			
Academic Year to be Taken:	2020/2021	Number of Exams Requested:	
Please identify the individual(s) who will need to have administrative access to the exam site. Anyone with administrative access will have the ability to add residents, assign exams, pull exam scores/reports, etc.			
Name:	Title/Role:	Email:	
Name:	Title/Role:	Email:	
Name:	Title/Role:	Email:	
Name:	Title/Role:	Email:	
Additional Information/Comments:			

Take advantage of the Trainee Group Membership Program! Give your Resident's access to all the benefits of an ASCCP Membership including free webinars, reduced registration to meetings and courses, Cases of the Month, and the Image Archive for just \$15 per Resident.

Yes, send me a Trainee Group Membership Application with my RACCE invoice.