




Application for a practising certificate for doctors registered in a provisional general, provisional vocational or special purpose locum tenens scope returning to medical practice in New Zealand (REG12)

- All sections of this form must be completed, and appropriate documentation included, before sending to the Council office.
- Please allow at least 20 working days for processing your application. 20 working days starts from the day your application is complete.
- The information on this form is to enable Council to consider whether you may be issued with a practising certificate and, if so, maintain a record of your employment and registration in New Zealand. This is personal information in terms of the Privacy Act 2020 and you may therefore apply to view it at any time and correct it if necessary.
- Items marked  will appear on the medical register. The medical register is a public document. It shows your registered scope of practice, any conditions on your scope, your practising certificate details and any suspension from the register, including conditions relating to that suspension.

SECTION 1 – Documents required

Checklist – Please use the checklist below to make sure you have completed all sections of the application form and enclosed all the documents required, as **Council is not able to process incomplete applications.**

All applications

- | | |
|--|--|
| <input type="checkbox"/> Passport – copy of identity page(s) | <input type="checkbox"/> Supervision, induction and orientation plan ¹ . |
| <input type="checkbox"/> Letter of appointment | <input type="checkbox"/> A current curriculum vitae: <ul style="list-style-type: none">• employment must be provided in a chronological order by month and year• any employment gaps of 3 months or more must be explained. |
| <input type="checkbox"/> Position description | |

Provisional general and special purpose locum tenens scopes of practice

- Completed REG3 form – approval of position and supervisor.

Provisional vocational scopes of practice

- Completed REG7 form – approval of position and supervisor.

If you have practised overseas since last being issued a practising certificate

- Original** certificate(s) of professional status from each regulatory authority under which you have practised during the last 5 years or since you last worked in New Zealand (whichever is shorter)².

If you make a disclosure in section 4 of this form

- Information regarding any disclosure made in Section 4 of this form:
- explanation from you
 - relevant medical reports
 - conviction notice(s)
 - disciplinary/conduct/competence investigations or findings.

If you have changed your name since you last practised medicine in New Zealand

- Evidence (marriage certificate, deed poll or a statutory declaration signed by a solicitor) of any change in name since you were last working in New Zealand. The document must be a certified copy.

¹ See <https://www.mcnz.org.nz/supervision>

² See <https://www.mcnz.org.nz/cops>

If you have not practised medicine in New Zealand within the last 3 years, and you have practised medicine overseas

Three recent references (on the RP6 form), which meet Council's reference requirements³.

SECTION 2 – Personal identification details

(i) **Name** - Show given names from your passport or birth certificate, unless your name has been legally changed

✦ Family name _____

✦ Given names _____

✦ Other names (unmarried name, name change, alias, etc) _____

If names differ from those on your medical qualifications and passport, please tick box to show reason and provide certified documentation as evidence of the name change (eg marriage certificate, deed poll or statutory declaration / affidavit).

marriage

deed poll

common use

other (explain)

(ii) **Address** - Section 140 of the Health Practitioners Competence Assurance Act 2003 (HPCAA) requires you to provide Council with a postal address and an electronic address for service. All communications will be sent to your email address. Your postal, phone and email details are not public information and will not be released/published.

Postal address

Phone number

Mobile number

Email

(iii) **Registration history in New Zealand**

Registration number _____

Date last practised in New Zealand

_____/_____/_____
/ /

³ See <https://www.mcnz.org.nz/reference-requirements>

