As part of your Initial Application to the Medical Council of New Zealand (MCNZ) for Vocational Registration in the scope of Emergency Medicine, you are required to complete this form and attach it with your VOC3 form for submission to the MCNZ, with additional documents as specified below.

You are also required to complete Consultant Posts Form B for any position you have held in your most recent two years of Emergency Medicine experience as a consultant or senior registrar*.*

# Applicant details

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | Name: |  |
|  | | | |
| Email: |  | | |

# Additional reference

If you have worked in Australia or New Zealand in the past two years, for a period longer than three months, please provide information to the MCNZ, to allow a reference from this location to be included with your application.

# Specialist Emergency Medicine training

|  |  |  |
| --- | --- | --- |
|  |  | **Evidence of my completion of Specialist Emergency Medicine training is attached** |
|  |  |  |
|  |  | Comment (if required) |
|  |  |  |

## 3.1 Rotations completed during Specialist Training in Emergency Medicine

Please list all rotations completed during your specialist emergency medicine training program, by calendar year, with the duration of each rotation. This summary should be consistent with all other information provided in your application such as log books.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year | Rotation Type | Duration | |  | Year | | Rotation Type | Duration | | |
|  |  | |  |  |  |  | | |  |
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## 3.2 Additional rotations completed (not as part of specialist training in emergency medicine)

Please list any additional non-specialist training rotations completed by calendar year, with the duration of each rotation.

| Year | Rotation Type | Duration | |  | | Year | | Rotation Type | Duration | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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# Continuing Medical Education / Continuing Professional Development

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| --- | --- | --- |
|  |  | **Evidence of my current enrolment in a formal CME/CPD program and my compliance with requirements is attached** |
| What is the name of the organisation that maintains/records your CME/CPD requirements?  (If you are not enrolled in a formal program, please state that in the space provided.) | | |
|  | | |
|  | | |
| Summarise the annual requirements of the CME/CPD program you are enrolled in.  (If you are not enrolled in a formal program, please state that in the space provided.) | | |
|  | | |
|  | | |
| Summarise the activities you have undertaken in the previous 12 months to maintain your CME/CPD obligations. | | |
|  | | |

|  |  |  |
| --- | --- | --- |
|  |  | **Samples of CME/CPD course attendance certificates or other evidence are attached** |

# Teaching, research and professional activities

## 5.1 Teaching

Summarise your Emergency Medicine teaching experience

|  |  |  |  |
| --- | --- | --- | --- |
| Year | | Experience | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
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## 5.2 Research

List your published research papers and/or completed research in Emergency Medicine. Include publication date for published research.

|  |  |  |
| --- | --- | --- |
|  | **Evidence of my published research is attached** | |
| Date | | Research – title of paper or summary of project |
|  | |  | |
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# Consultant posts

You are required to provide the details of each position you have held in the past two years, as a consultant or senior registrar.

Please complete a separate **Form B Consultant Post Information** form for each position you have held.

|  |  |  |
| --- | --- | --- |
|  |  | **Form B Consultant Post Information form/s attached** |

MCNZ requirements apply to the submission of this information.