



# Passed NZREX Clinical

## Part A: Checklist for registration in New Zealand

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Contact: +64 4 384 7635 – 0800 286 801 – [registration@mcnz.org.nz](mailto:registration@mcnz.org.nz)

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For office use only  
Reference No:

### PLEASE READ THE FOLLOWING. IT CONTAINS IMPORTANT INFORMATION.

- An application for registration in New Zealand consists of **(A) check list** and **(B) application form**.
- Both parts must be completed and sent to your employer who will complete the application and send it to the Council office.
- To find out what documents you need to have primary source verified visit this [page on our website](#).
- If you satisfy all the criteria, you will be registered within a provisional general scope of practice for up to 2 years.
- If the application is approved by Council, you will need to provide an **original certificate of professional status (good standing)** from every jurisdiction you have worked under for the previous **5 years**. Certificate(s) of professional status (good standing) must be issued within 3 months of the start date of employment in New Zealand.
- Requirements for registration with a general scope are detailed at [www.mcnz.org.nz](http://www.mcnz.org.nz).
- Incomplete applications will not be processed. If you need help completing your application please contact the Council office phone +64 4 384 7635 or 0800 286 801 or [registration@mcnz.org.nz](mailto:registration@mcnz.org.nz)

### SECTION 1 – Confirmation of eligibility for registration

☐ Yes ☐ No Have you passed NZREX Clinical within the last 5 years?

### SECTION 2 – Documentation that must be provided with the application by applicant

- |  |   |
|--|---|
| <input type="checkbox"/> Part A checklist completed  | <input type="checkbox"/> Copy of NZREX Clinical results   |
| <input type="checkbox"/> Part B REG1 application form completed  | <input type="checkbox"/> Copy of identity detail page(s) from your passport   |
| <input type="checkbox"/> Current curriculum vitae: <ul style="list-style-type: none"><li>• provide employment information in chronological order by month and year</li><li>• explain any employment gaps of 3 months or more</li></ul>   | <input type="checkbox"/> If you have made a competence or conduct disclosure: <ul style="list-style-type: none"><li>• certificates of professional status (good standing) from every jurisdiction where you have worked for the previous 5 years</li><li>• certificates of professional status (good standing) from any jurisdiction(s) where the investigation(s) or proceedings occurred (even if this was more than 5 years ago)</li></ul> |
| <input type="checkbox"/> Before submitting your application for registration you must submit your required documents to EPIC for primary source verification ( <a href="#">see this link for what documents must be verified</a> ). As you upload each document to EPIC, please ensure you select the Medical Council of New Zealand to receive a notification that the document has been submitted for verification. If you have already had your documents verified by EPIC, please make the report available to the Medical Council of New Zealand. |   |

EPIC ID Number: \_\_\_\_\_

### And, if applicable, copies of:

- |  |   |
|--|---|
| <input type="checkbox"/> Evidence of name change(s) – ie marriage certificate, deed poll, affidavit or statutory declaration | <input type="checkbox"/> Conviction notice(s)   |
| <input type="checkbox"/> Relevant medical reports  | <input type="checkbox"/> Disciplinary decisions, explanation of event(s), relevant correspondence, court documentation, certificates of good standing |

### SECTION 3 – Documentation that must be provided with the application by employer

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> Letter of appointment                           | <input type="checkbox"/> |
| <input type="checkbox"/> Form REG3 – approval of position and supervisor |                          |

**SECTION 4 – Revision of Register, Section 144(3) Health Practitioners Competence Assurance Act 2003.**

☐ Please tick this box if you agree to your entry in the register being cancelled if you cease practising in New Zealand.

**SECTION 5 – Signature of applicant**

Applicant's signature

Date

Print name

**SECTION 6 – Signature of employer or applicant's nominated agent**

- I acknowledge that all information relevant to the question of registration collected and retained by the applicant and/or the applicant's nominated agent has been disclosed to the Medical Council of New Zealand (Council).
- I further confirm that should any information that may be relevant to the question of registration come into the possession of the applicant and/or the applicant's nominated agent, such information will be disclosed to Council as soon as is practicable.
- I consent to the disclosure of relevant information to agencies outside Council where such disclosure may be necessary to safeguard the health and safety of the public.

Employer and/or  
applicant's nominated  
agent

Date

Print name