



Application for general scope of practice following internship

COS3 – May 2012
Registration number

- New Zealand or Australian graduates
- NZREX graduates

PO Box 10 509, The Terrace, Wellington, 6143, New Zealand
Level 28 Plimmer Towers, 2-6 Gilmer Terrace, Wellington, 6011
Contact: +64 4 384 7635 – 0800 286 801 – registration@mcnz.org.nz

- To be completed by the intern supervisor and intern at the end of the provisional year, taking into consideration all run assessment reports provided by the supervising consultants.
- Please refer to Council's *Education, training and supervision for new doctors'* handbook for requirements during the provisional general year for these doctors. Please send completed report to the Council office immediately after the doctor finishes the provisional year.
- Please check that all sections have been completed. **Incomplete applications will not be processed.**
- No fee is payable.

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|---------------|-------------|--------------------------|----------------|--------------------------|
| Doctor's name | NZ graduate | <input type="checkbox"/> | NZREX graduate | <input type="checkbox"/> |
|---------------|-------------|--------------------------|----------------|--------------------------|

| Name of hospital or general practice | MCNZ run number (mandatory) | Run category e.g. A or B | Run type Med/Surg | Runs completed e.g. Gen Med, Gen Surg or Specialty | Number of weeks (min. 10 weeks per run) | Supervising Consultants |
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| <ul style="list-style-type: none"> • Has the doctor received three consecutive satisfactory reports immediately prior to this application for registration in a general scope? <input type="checkbox"/> YES <input type="checkbox"/> NO • Is this doctor certified as competent in basic and advanced cardiac life support (ACLS)? (Please enclose a copy of the relevant certificate dated within 1 year of this application.) <input type="checkbox"/> YES <input type="checkbox"/> NO • My completed recertification form (CPD7 or CPD8) is attached. <input type="checkbox"/> YES <input type="checkbox"/> NO |
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| GENERAL SCOPE NOT RECOMMENDED | | GENERAL SCOPE RECOMMENDED | | |
|--|--|--|---|--|
| Unsatisfactory – performs significantly below that generally observed for this level of experience (please provide details on a separate sheet) | Below expectation – requires further development (please provide details on a separate sheet) | Meets expectation – consistent with performance generally observed for this level of experience | Above expectation – performs better than generally observed for this level of experience | Exceptional – performs at a level much higher than generally observed |
| | | | | |

If applicable: This doctor has received one marginal run report but meets the standard expected of a registered medical practitioner (please attach details to support your recommendation) YES NO N/A

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|--------------------------------|-------------------|
| Intern supervisor's name: | |
| Intern supervisor's signature: | Date: |

I apply for registration within a general scope of practice under section 21 of the Health Practitioners Competence Assurance Act 2003. I have satisfactorily completed at least one year registered on a provisional general scope.

Doctor's signature: Date: