



Application to vary annual practising certificate Provisional general scope

COS1 – Aug 2009

Level 13, Mid City Tower
139-143 Willis Street
P O Box 11 649
Wellington
New Zealand

SECTION 1 – IMPORTANT INFORMATION

- Please use this form to apply to Council for a change in supervisor, employment, or position.
- It may take up to 20 working days to process this application. If the change(s) you are requesting fall outside the delegation provided to the Registrar it will be referred to Council for consideration. Council meets every two months.
- You cannot work within these changes until they are approved by Council and endorsed on your APC.
- Your APC will not be back dated.

SECTION 2 – DOCUMENTS TO BE PROVIDED

- Completed supervision report for the last three months
- Copy of your letter of appointment
- A new supervision plan is required if you are:
 - registered within a comparable health system and moving to a new employer
 - working with off-site supervision
 - working in general practice or accident and medical practice.

SECTION 3 – TO BE COMPLETED BY APPLICANT

First name:		Surname:	
Registration number:			
Registration pathway:	<input type="checkbox"/> Competent Authority	<input type="checkbox"/> Comparable Health System	<input type="checkbox"/> NZREX
Postal address:			
I understand that:	<ul style="list-style-type: none"> • The Medical Council may review my registration at any time. • My clinical supervisor will report to the Medical Council every three months. 		
Signed:		Date:	day / month / year

SECTION 4 – TO BE COMPLETED BY SUPERVISOR

First name:		Surname:	
Registration number:		Current APC:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am registered within a vocational scope:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scope:	
<ul style="list-style-type: none"> • I have read the Council's document <i>Induction and supervision for newly registered doctors</i> and understand what is required of me. • I agree to supervise the applicant and to send completed supervision reports every three months, or as requested by the Medical Council. 			
Signed:		Date:	day / month / year

SECTION 5 – TO BE COMPLETED BY EMPLOYER

Level of appointment:		Area of medicine:	
Hospital / Institution / Employer:			
Position:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Hours per week:	
Start date of variation:	day / month / year	End date of employment:	day / month / year
Name of person signing:		Position:	
Signed:		Date:	day / month / year

SECTION 6 – FEE (PAYABLE ONLY IF THE APPLICANT IS CHANGING EMPLOYER)

Fee payable NZ \$125.00

Cheque enclosed Visa MasterCard

Card Number Expiry date /

Name on card

Cardholder's signature Date