



Application for general scope of practice following internship

COS3 – Oct 2006
Registration number

- New Zealand or Australian graduates
- NZREX graduates

Level 13 Mid City Tower, 139-143 Willis Street, P O Box 11-649 Wellington, New Zealand
Telephone 64-4-384 7635 or 0800 286 801, Fax 64-4-385 8902

- 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.

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

<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)? <input type="checkbox"/> YES <input type="checkbox"/> NO

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

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.
All graduates: A completed CPD1 form is attached.
NZREX graduates only: My ACLS certificate is attached.

Doctor's signature: Date: