



Application to amend annual practising certificate Special purpose scope

COS7 – Sept 2004
For office use only
Reference No:

IMPORTANT INSTRUCTIONS

- This form must be forwarded to the Medical Council office **at least three weeks before** the supervision arrangement or employment changes.
- The following documentation must be included with your application:
 - completed supervision report form
 - copy of letter of appointment
 - updated training objectives (if currently registered through the postgraduate training and/or experience pathway)

Reminder: Registration within a special purpose scope is not a pathway to permanent registration

SECTION 1 – TO BE COMPLETED BY APPLICANT

Forename(s)			Surname:		
Address for medical register:					
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. 					
Signed:			Date:	day / month / year	

SECTION 2 – TO BE COMPLETED BY SUPERVISOR

Forename(s)			Surname:		
Registration number:		Current APC:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Position:	
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>Guidance for doctors working in supervised practice and their supervisors</i> and understand what is required of me. I agree to supervise the applicant and to forward completed reports at three monthly intervals, or as requested by the Medical Council. 					
Signed:			Date:	day / month / year	

SECTION 3 – TO BE COMPLETED BY EMPLOYER

Position appointed to:			Scope of practice:		
Hospital / Institution / Employer					
Position:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	In tenths:	/ 10	
Start date of employment:	day / month / year	End date of employment:	day / month / year		
Name of person signing:			Position:		
Signed:			Date:	day / month / year	

SECTION 4 – FEES (TO BE COMPLETED IF THE APPLICANT IS CHANGING EMPLOYER)

Fee payable NZ \$125.00

Cheque enclosed

Credit card option

Visa

Mastercard

Card Number

Expiry date /

Name on card

Cardholder's signature

Date