



Postgraduate training

Part A: Checklist for registration in New Zealand

Chkl 11 – Feb 2010
For office use only
Reference No:

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PLEASE READ THE FOLLOWING, IT CONTAINS IMPORTANT INFORMATION.

- An application for registration in New Zealand consists of: **(A) checklist** and **(B) application form – REG1** and the additional documentation specified on the checklist.
- Both parts must be completed and then sent to the place where you will undertake your training. They will complete the application and send it to the Council office.
- If the application is approved by Council, you will need to provide an **original certificate of good standing** from every jurisdiction you have worked under for the previous **five years (issued within the previous three months)**.
- If you satisfy all the criteria, you will be eligible for registration within a special purpose scope of practice for the duration of the appointment.
- Requirements for registration with a special purpose scope are detailed at www.mcnz.org.nz.
- This is not a pathway to permanent registration.
- Processing time for completed applications is 20 working days. There will be delays if an incomplete application is submitted. If you need help completing your application please contact the Council office; phone 64 4 384 7635 or 0800 286 801, or email registration@mcnz.org.nz.

SECTION 1 – Criteria to satisfy for registration within this pathway

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|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you hold a primary medical degree from a university medical school listed in the Avicenna Directory of Medicine? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you checked the Council's website to see if your primary medical qualification is on the list of medical schools Council does not accept? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Are you applying for exemption from achieving the Academic Module of IELTS to Council's minimum standards? (Please refer to the exemption policy on Council's website www.mcnz.org.nz to ensure you meet the requirements.) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If you are not applying for exemption, and you sat IELTS BEFORE 1 February 2009 and within the last two years, have you achieved an overall band of 7.5, scoring at least 7 in the four individual components in the Academic Module? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If you are not applying for exemption, and you sat IELTS AFTER 1 February 2009 and within the last two years, have you achieved a minimum of 7.0 in the components of Reading and Writing and a minimum of 7.5 in the components of Listening and Speaking in the Academic Module? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you have medical registration in your own country, to which you will return when your training is finished? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Are you enrolled in a formal vocational training programme in your own country, or |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you hold a formal postgraduate qualification accepted by the Medical Council as indicating competence in the branch of medicine to which you will confine your practice to while in New Zealand, or |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you worked for at least 12 months in an institution which a New Zealand hospital or medical school has an exchange programme, and where you have guaranteed continuing employment and training in that institution on completion of your New Zealand training? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you been accepted into a formal, recognised scholarship or fellowship programme in New Zealand? |

SECTION 2 – Documentation that must be provided by applicant

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| <input type="checkbox"/> Part A completed | <input type="checkbox"/> Part B application completed |
| <input type="checkbox"/> Primary medical qualification | <input type="checkbox"/> IELTS result |
| <input type="checkbox"/> Medical registration certificate from the country to which you will return on completion of the training | <input type="checkbox"/> Evidence that you will return to your home country upon completion of the period of training |
| <input type="checkbox"/> Curriculum vitae. Employment history must be provided in chronological order by month and year. Gaps of three months must be explained. | <input type="checkbox"/> Application fee - NZ\$425.00 |
| <input type="checkbox"/> Copy of identity detail page(s) from your passport | <input type="checkbox"/> Declaration signed by applicant (REG10) |
| <input type="checkbox"/> Evidence that you are enrolled in a formal training programme in your own country, or | |
| <input type="checkbox"/> evidence of a formal postgraduate qualification accepted by Council as indicating competence in the branch to which you will work, or | |
| <input type="checkbox"/> evidence of having worked for at least 12 months in an institution with which a New Zealand hospital or medical school has an exchange programme, and guaranteed continuing employment and training in that institution on completion of the training | |
| <input type="checkbox"/> Evidence of name change(s) | <input type="checkbox"/> Conviction notice(s) |
| <input type="checkbox"/> Relevant medical reports | <input type="checkbox"/> Disciplinary findings/decisions |

SECTION 3 – Documentation that must be provided by training provider

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|---|--|
| <input type="checkbox"/> Letter of appointment | <input type="checkbox"/> Form REG3 – approval of position and supervisor |
| <input type="checkbox"/> Evidence from the Chief Medical Advisor or Practice Manager that applicant is entering into formal scholarship or fellowship programme (cannot be BAB programme) | <input type="checkbox"/> Details of the training objectives and delivery, and on how the training will be monitored and outcomes measured |
| <input type="checkbox"/> An induction and supervision plan | <input type="checkbox"/> Three verified references from senior medical colleagues familiar with the applicant's current clinical practice (refer to RP9 referee report form) |
| <input type="checkbox"/> Confirmation that the training is not funded by the Clinical Training Agency | <input type="checkbox"/> Details of the level of responsibility to be delegated to the applicant |
| <input type="checkbox"/> Confirmation that applicant will not be required to provide night cover | <input type="checkbox"/> Declaration signed by DHB representative and supervisor (REG10) |

SECTION 4 – Declaration and signature of applicant

I understand that registration within a special purpose scope is not a pathway to permanent registration in New Zealand and that my registration will be cancelled when my appointment in New Zealand ends.

Applicant's signature _____ Date _____

Print name _____

SECTION 5 – 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