



Research

Part A: Checklist for registration in New Zealand

Chkl 12_Oct 2010
For office use only
Reference No:

PLEASE READ THE FOLLOWING, IT CONTAINS IMPORTANT INFORMATION.

- An application for registration in New Zealand consists of two parts: **(A) checklist** **(B) application form (REG1)**
- Both parts must be completed and sent to your employer.
- Your employer 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 registered within a special purpose scope of practice for the duration of the appointment. This is not a pathway to permanent registration.
- Requirements for registration with a special purpose scope are detailed at www.mcnz.org.nz.
- Incomplete applications will not be processed. 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

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you hold a primary medical degree from a university medical school listed in the WHO directory of medical schools or the ECFMG FAIMER directory? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does the research project have the approval of a formally constituted ethics committee in New Zealand? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you agree that no clinical work other than that involved in the research project may be undertaken? |

SECTION 2 – Documentation that must be provided with the application

By applicant

- | | |
|---|---|
| <input type="checkbox"/> Part A checklist completed | <input type="checkbox"/> Part B (REG1) application form completed |
| <input type="checkbox"/> IELTS results | <input type="checkbox"/> Application fee – see REG1 form |
| <input type="checkbox"/> Copies of medical qualification(s) | <input type="checkbox"/> Current curriculum vitae: <ul style="list-style-type: none">• employment must be provided in a chronological order by month and year• any periods worked for less than 30 hours a week must be clearly identified as part-time• any employment gaps of three months or more must be explained. |
| <input type="checkbox"/> Copy of identity detail page(s) from your passport | |

And, if applicable, **certified copies** of:

- | | |
|---|--|
| <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 |

By employer

- | | |
|--|---|
| <input type="checkbox"/> Form REG3 - approval of position and supervisor | <input type="checkbox"/> Three recent references (preferably on the RP9 form – application processing may be delayed if the reference does not provide adequate information about the applicant and referee). References must be: <ul style="list-style-type: none">• from senior medical colleagues familiar with the applicant's clinical practice within the three years immediately prior to application• from doctors working in same area of medicine in which the applicant will be working in New Zealand• signed by referees within 6 months of Council receiving application. |
| <input type="checkbox"/> Evidence of ethics committee approval | |
| <input type="checkbox"/> Letter of appointment | |

SECTION 3 – 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 agree to my registration being cancelled when my appointment in New Zealand ends.

Applicant's signature

Date

Print name

SECTION 4 – 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