



Locum tenens in a specialist post

Part A: Checklist for registration in New Zealand

Chkl 13 – April 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) check list
 - (B) application form.
- 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.
- Requirements for registration with a special purpose scope are detailed at www.mcnz.org.nz.
- This is not a pathway to permanent registration.
- 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 – Confirmation of eligibility

- | | | |
|------------------------------|-----------------------------|---|
| <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 | 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 a postgraduate qualification approved by Council to work in a vocational scope as a locum tenens specialist? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you been in active clinical practice (20 hours per week) relevant to the branch of medicine registration is applied for, for at least 24 out of the past 36 months? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you been appointed to a specialist position for six months or less? |

SECTION 2 – Documentation that must be provided with the application

By applicant

- | | |
|--|--|
| <input type="checkbox"/> Part A completed | <input type="checkbox"/> Part B REG1 application completed |
| <input type="checkbox"/> Primary medical qualification -copy | <input type="checkbox"/> Evidence of active clinical practice (20hours per week) relevant to the position, for at least 24 out of the past 36 months |
| <input type="checkbox"/> Current curriculum vitae
any employment gaps of three months or more must be accounted for | <input type="checkbox"/> Copy of Identity detail page(s) from your passport |
| <input type="checkbox"/> Postgraduate qualification - copy | <input type="checkbox"/> IELTS results (if you are not exempt) |
| <input type="checkbox"/> Application fee - NZ\$425.00 | |

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 Comprehensive supervision and induction plan Three recent references from senior medical colleagues familiar with the applicant's current clinical practice (refer to RP6 referee report form) Letter of appointment Form REG3 – Approval of position and supervisor**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