



# Emergency or other unpredictable, short-term situation

## Part A: Checklist for registration in New Zealand

Chkl 14\_June2008  
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.
- The 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](http://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](mailto: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 | Do you have the qualifications and skills necessary for the position you have been appointed to?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you registered as a doctor in your own country?   |

### SECTION 2 – Documentation that must be provided with the application

#### By applicant

- |  |   |
|--|---|
| <input type="checkbox"/> Part A checklist completed  | <input type="checkbox"/> Part B application form completed  |
| <input type="checkbox"/> Medical qualification(s) - copies                                 | <input type="checkbox"/> Application fee - NZ\$425.00   |
| <input type="checkbox"/> Current curriculum vitae  | <input type="checkbox"/> Certificate of good standing(s) (issued within previous three months) from all jurisdictions within which you have practised in the five years immediately prior to application. |
| <input type="checkbox"/> 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"/> Medical qualification(s) - copies                                 |   |

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 from senior medical colleagues familiar with the applicant's clinical practice within the 2 years immediately prior to application (refer to RP9 referee report form) |
| <input type="checkbox"/> Registration proposal (eg reason for application) | <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