



Teaching as a visiting expert

Part A: Checklist for registration in New Zealand

Chkl 9 – 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) check list
 - (B) application form.
- Both parts must be completed and sent to your host.
- The host 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 for registration

- | | | |
|------------------------------|-----------------------------|---|
| <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 | Have you been invited to New Zealand in your capacity as a visiting expert to teach or demonstrate a new skill or technique? |

SECTION 2 – Documentation to be provided with your application

By applicant:

- | | |
|--|--|
| <input type="checkbox"/> Part A checklist completed | <input type="checkbox"/> Part B REG1 application form completed |
| <input type="checkbox"/> Certified copy of primary medical qualification | <input type="checkbox"/> Certified copy of identity detail page(s) from your passport |
| <input type="checkbox"/> Current curriculum vitae | |
| <input type="checkbox"/> any employment gaps of three months or more must be accounted for | |

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 host:

- Form REG3 – approval of position and supervisor (no references are required with visiting expert applications so they do not need to be verified – please ignore this section of the REG3)
- Letter confirming you are a guest of a medical school, hospital, recognised educational institution, specialist college or other organisation
- Evidence of ethics committee approval and patient consent, if the treatment to be demonstrated involves new or experimental techniques
- Confirmation that patient consent has been obtained where necessary

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