Application for general scope of practice (ex-provisional)

COS4 – Jan 2008
Registration No:

Level 13 Mid City Tower, 139-143 Willis Street, P O Box 11-649 Wellington, New Zealand
Telephone 64-4-384 7635 or 0800 286 801, Fax 64-4-385 8902

To be completed by the doctor and supervisor once the doctor has completed the requirements while registered within a provisional general scope of practice.

- ❒ Supervisor's report is to be attached.
- ❒ Provisional general APC to be attached
- ❒ Completed collegial relationship agreement attached

SECTION ONE – To be completed by applicant

Family name: …… Given names: ……

I apply for registration within a general scope of practice under section 21 of the Health Practitioners Competence Assurance Act 2003. I have satisfactorily completed the requirements of my provisional scope of practice.

Signed: …… Date: / / day month year

SECTION TWO – To be completed by supervisor

Supervisor's name: …….. Registration number:……

Current APC: ❒ Yes ❒ No

I am registered within a vocational scope: ❒ Yes ❒ No Vocational scope:……

I have attached a supervision report.

I consider that the applicant is suitable to be granted registration within a general scope of practice.

Signed: …… Date: / / day month year

SECTION THREE - Practice History in New Zealand – To be completed by applicant

Dates (day/month/year)	Area of medicine (eg. paediatrics)	Name of hospital/general practice