



# Application for vocational scope of practice (ex-provisional)

COS5 – June2005  
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 vocational scope of practice.
- To be counter-signed by the relevant branch advisory body for doctors who have been working under assessment for registration within a vocational scope of practice.
- Supervisor's report is to be attached.

## SECTION ONE – To be completed by applicant

Doctor's name: .....

I apply for registration within the vocational scope of .....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 vocational scope of practice.

Signed: .....

Date:            /            /  
                  day            month            year

## SECTION THREE – To be completed by branch advisory body only if doctor has been assessed

Assessment requirements	Details	Completed
Duration of assessment		
Formal assessment components		
Examination		
Other		

I am authorised by the .....(BAB)  
to confirm to the Medical Council of New Zealand that the applicant has completed the assessment requirements for registration in a vocational scope of .....

Signed: .....

Date:            /            /  
                  day            month            year