



Vocational scope of practice

Applicant qualified overseas

VOC3 – January 2009
For office use only

Registration No:

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

PLEASE READ THE FOLLOWING, IT CONTAINS IMPORTANT INFORMATION.

- All sections of this form are to be completed, and appropriate documentation and application fee included, before sending to the Council office. If you need help completing your application contact the Vocational Registration Administrator on 64 4 381 6767, 0800 286 801 or registration@mcnz.org.nz. Incomplete application will not be processed.
- This form is only to be completed by doctors with postgraduate qualifications from outside of New Zealand and Australia.

SECTION 1

Vocational scope of practice in which registration is requested						
Name - Show given names from your passport or birth certificate, unless your name has been legally changed (eg, by deed poll)						
Family name						
Given name						
Date of Birth					Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Day	Month	Year			
Address :						
Phone Number						
Fax Number						
Other (<i>mobile/locator</i>)						
Email						

SECTION 2 - Qualifications

Qualifications – (i) (i) Primary qualification obtained on completion of a primary medical degree course and (ii) Postgraduate qualification obtained on completion of postgraduate vocational training.		
(i) Name of primary medical qualification (certified copy included with application)		Abbreviation
Year graduated	Graduating university	Country
(ii) Postgraduate medical qualification (certified copy included with application)		Abbreviation
Year awarded	Awarding university/college	Country

SECTION 3 – Vocational training, work experience and registration history**Postgraduate experience (first 12 months work as a qualified medical practitioner)**

Did you complete a supervised rotating internship after finishing your medical degree?

 Yes, please provide details below No

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Country

Basic medical training and or experience (2nd year out of medical school until starting vocational training)

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Country

Advanced training**(accredited training programme where performance is assessed and qualification is awarded after final examination)**

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Country

Specialist or consultant practice/experience (independent practice after completing vocational training)

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Country

Academic practice/experience				
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Dates (from – to)	Level of appointment	Branch of medicine	Employer	Country

Current registration – Please give details of all medical registration/licensure in other states or countries.		
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Country/State	Date registered (from-to)	Registration status

SECTION 4 – Referees

Professional referees – Council will contact your referees to obtain references
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Please note: Referees must be working in the branch of medicine you are applying in. If a referee you nominate is not considered suitable, you may be asked to provide a further referee and the processing of your application may be delayed.

Title and name					
Address					
Relationship to you					
Branch of medicine referee is a specialist in:					
Phone		Fax		Email	

Title and name					
Address					
Relationship to you					
Branch of medicine referee is a specialist in:					
Phone		Fax		Email	

Title and name					
Address					
Relationship to you					
Branch of medicine referee is a specialist in:					
Phone		Fax		Email	

SECTION 5 – Fitness for registration

This information is required (Section 16 of HPCAA) to ensure that no person is registered as a doctor in New Zealand whose previous or current competence, health or conduct may risk public health or safety.

(i) English communication and comprehension

Applicants for registration within a vocational scope must either have attained the required score in the academic module of IELTS or meet policy for an exemption from passing IELTS.

(a) Is English your:

First language/mother tongue Second language Other

(b) Are you applying for Exemption on the basis of Council policy? (please give details and include supporting documentation). Council's English policy is available on our website at www.mcnz.org.nz.

Yes No

OR

If you sat IELTS **BEFORE** 1 February 2009 (within the last two years and one session of the exam), did you achieve an overall band of 7.5, scoring at least 7 in the four individual components in the Academic Module?

Yes No

OR

If you sat IELTS **AFTER** 1 February 2009 (within the last two years and one session of the exam), did you achieve 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?

Yes No

(ii) Mental and physical condition

Have you ever been or are you now affected by any mental or physical condition or impairment with the capacity to affect your ability to perform the functions required for the practice of medicine? These include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration.

Yes No

If yes, please provide full details of condition(s), duration of any treatment, name and contact details of treating practitioner, involvement of university/medical school.

If yes, can the Council's Registrar contact your treating practitioner(s) for further information?

Please note that if you answer 'No' your application for registration may be delayed while advice is obtained from Council's Health Committee.

Yes No

(iii) Conduct/character

(a) **Convictions** - Has any court in New Zealand or elsewhere convicted you of any offence punishable by imprisonment of three months or longer? If yes, please attach a certified copy of your conviction notice(s).

Yes No

(b) **Professional conduct** - If you answer yes to either question (i), (ii) or (iii) please provide full details on a separate sheet.

(i) Did you, for any reason, have any time when you were not participating in your medical degree programme for more than two months?

Yes No

(ii) Are you now (or have you ever been) the subject of university disciplinary proceedings?

Yes No

(iii) Are you the subject of an investigation, in New Zealand or in another country, in respect of any matter that may be the subject of professional disciplinary proceedings?

Yes No

(iv) Are you currently (or have you ever been) the subject of civil proceedings related to competence or negligence issues?

Yes No

(v) Have you ever been refused medical indemnity insurance cover or had your premiums raised because of professional conduct, competence or negligence related claims?

Yes No

(vi) Have you ever breached any code of ethics relating to boundary issues regarding patient relationships?

Yes No

(vii) Are you currently (or have you ever been) the subject of an order of any of the following:

New Zealand Health Practitioners Disciplinary Tribunal? Yes No

Overseas medical disciplinary tribunal or similar tribunal? Yes No

Medical Council of New Zealand or similar registration authority overseas? Yes No

(iv) Professional competence- If you answer yes to any of the following questions please provide full details on a separate sheet.

(i) Are you currently (or have you ever been) the subject of a competence enquiry with a registration authority or employer?

Yes No

(ii) Have you ever had your employment as a doctor terminated on the grounds of poor performance or had your practising privileges restricted?

Yes No

(iii) Have you ever had your medical licence, certificate of registration or permit to practise medicine suspended, restricted or revoked?

Yes No

(iv) Have you ever voluntarily surrendered your medical licence, certificate or registration or permit to practise medicine for any reason other than avoidance of a renewal fee?

Yes No

(v) Have you ever had conditions imposed on your registration?

Yes No

(vi) Have you ever had conditions imposed on your licence/practising certificate or equivalent?

Yes No

(vii) Have you ever been refused a licence/practising certificate or equivalent?

Yes No

SECTION 6 – Employment

(i) Proposed employment in New Zealand –

Have you been appointed to a position as a medical practitioner in New Zealand?

Yes, please provide details below, and attach a letter of appointment

No

Place of work

Contact person

Level of employment

Supervisor

Proposed length of employment From: / / to / /

SECTION 7 - Declaration

I hereby certify that I am the person who is applying for registration as a medical practitioner in New Zealand, that I am the person named in the above qualifications, and that the information I have given above is true and correct.

I understand that the information that I have provided is to be used by Council and its agents for the purposes of considering my application, and may be disclosed to agents of the Council for these purposes.

I understand that Council is authorised to obtain further information from me or any other person or organisation concerning this application under the HPCAA and consent to the collection of such information by the Council or its agents subject to Council notifying me of the person who will be contacted and of the questions that will be asked of them. I further understand that although the provision of any information by me is voluntary, refusal to provide any information may affect Council's consideration of my application.

I understand that I am entitled to access the information held by Council regarding this application by a request in writing and that I may request correction of any information which is not correct.

I undertake to inform myself of my responsibilities as a registered medical practitioner in New Zealand and to abide by established codes of professional ethics or conduct and patients' rights.

Section 172 of the HPCAA, for your information.

Section 172 states that it is an offence for a person to make false or misleading declarations and representations in relation to any information that is relevant to Council, the Tribunal or a Professional Conduct Committee. A person may be liable on summary conviction to a fine not exceeding \$10,000.

Applicant's signature _____

Date _____

SECTION 8 – Documents and fee

Checklist – Please use the checklist below to make sure you have completed all sections of the application form and enclosed all the documents and fees required, as **incomplete applications will not be processed**.

Application form, all sections completed

Fee

Original certified copy of relevant primary and postgraduate qualification (certified copies are photocopies of the original document sighted and certified by a Justice of the Peace, Solicitor, Notary Public or Officer of the District Court)

Original certified translations of your qualifications if they are not in English.

Evidence that you satisfy the Medical Council's English language requirements.

Certificates (or other documentation) indicating examinations passed prior to, during and on completion of specialist training which are relevant to the branch of medicine in which you are applying for registration.

Certified evidence of a change of name from that which appears on your certificates (if applicable)

Information regarding the format of examinations taken (including primary/entry and final/exit examinations) relevant to your post-graduate training (i.e. multiple choice questions, viva voce, written, clinical oral)

<input type="checkbox"/>	<p>CV including the following details where possible:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Topics covered during training; <input type="checkbox"/> Level of appointments, including clinical responsibility to patients; <input type="checkbox"/> Name, position and qualifications of supervisors; <input type="checkbox"/> Supervisor's reports for each training period; <input type="checkbox"/> Accreditation status of hospitals/institutions and training positions; <input type="checkbox"/> Summary of logbook of procedures; <input type="checkbox"/> Published research papers / presentations; <input type="checkbox"/> Details of continuing medical education and/or maintenance of professional standards programmes taken since completion of postgraduate training.
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Fees payable: <ul style="list-style-type: none"> • Non-refundable application fee - NZ\$425.00 (Must be paid on application) • Preliminary advice fee – NZ\$200.00 (Must be paid on application. Can be refunded if not used) • Interview fee – NZ\$1,700.00 (Will be requested when required. Can be refunded if not used) 	<input type="checkbox"/>	Cheque enclosed	<input type="checkbox"/>	Credit card option
	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Visa

Card number	□□□□	□□□□	□□□□	□□□□	Expiry date: □□ / □□
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Name on card					
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Cardholder's signature		Date	/ /
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