



NZREX Clinical Application

• New Candidates

NZREX1

August 2011

For office use only

Candidate No:

PLEASE READ THE FOLLOWING, IT CONTAINS IMPORTANT INFORMATION

- The requirements for NZREX Clinical are detailed at www.mcnz.org.nz
- This form is to be completed by candidates who are applying to sit NZREX Clinical for the first time. If you are a repeat candidate, please complete *NZREX4 NZREX Clinical Application Repeat Candidates*. This form can be downloaded from Council's website.
- A complete application for new NZREX Clinical candidates consists of:
 - **NZREX1** *NZREX Clinical Application New Candidates* form with all sections completed and documentation attached
 - **NZREX2** *NZREX Clinical Application Fees* form with application fee attached
 - **NZREX3** *NZREX Clinical Application Checklist* to ensure that you provide all the necessary documentation.
- Incomplete applications and applications received after the closing date will not be processed.
- You will receive email confirmation advising that your application has been received at the Council office.
- Processing time for a complete application is 20 working days and you will be advised of the outcome of your application in writing.

SECTION 1 – Personal Identification details

THIS INFORMATION MAY BE DISCLOSED TO OVERSEAS AUTHORITIES TO VERIFY YOUR IDENTITY

(i) Name - Show given names from your passport or birth certificate, unless your name has been legally changed (e.g., by deed poll)

Family name _____

Given names _____

Other names (unmarried name, name change, alias etc) _____

If names differ from those on your medical qualifications or passport, please tick box to show reason. Please supply a certified copy of documentation which demonstrates your name change.

marriage deed poll common use other (explain)

(ii) Identification

Date of birth (day, month, year)

/ /

Gender

Male

Female

(iii) Contact details – Please print clearly.

Contact address _____

Phone (home) _____

Phone (work) _____

Mobile _____

Email address _____

Fax _____

(iv) Verification of identity – Please enclose four coloured passport size photographs. Your photographs must be:

- taken in the last four months
- endorsed as a true likeness of the NZREX candidate (a witness must sign the back of the photographs and complete this section of the form.)

The witness must not be another applicant, previous candidate or relative of the applicant and may not live at the same address as I

I _____ of _____

(full name of witness) (address)

certify that the attached photographs are a true likeness of

(full name of applicant) (signature of witness and date)

SECTION 2 – Medical qualifications

(i) Medical qualifications – Please list all medical qualifications and attach a certified copy of your certificate with an official translation (if the originals are not in English).

QUALIFICATION	COUNTRY	DATE CONFERRED	CONFERRING INSTITUTION

SECTION 3 – Medical training, work experience, registration history and referees

(i) 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	Registration Authority	Country

SECTION 4 – Eligibility to sit NZREX Clinical

(i) English communication and comprehension

In IELTS 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? Your result **must** be dated within 2 years of the date of the examination you are applying to sit.

Yes (please attach a certified copy of your results)

No (you must directly meet Council's English language policy which can be downloaded from Council's website)

(ii) Medical knowledge

Have you passed, within the last five years, the United States Medical Licensing Examination (USMLE) Steps 1 and 2 Clinical Knowledge) **OR** the Australian Medical Council MCQ **OR** the General Medical Council PLAB Part 1?

Yes (please attach a certified copy of your results)

No (Your application will not be accepted until you have achieved this)

SECTION 5 – Date to appear for NZREX Clinical

Which examination date you are applying for?

24 March 2012 (closing date 27 January 2012)

23 June 2012 (closing date 30 April 2012)

15 September 2012 (closing date 2 August 2012)

24 November 2012 (closing date 9 October 2012)

SECTION 6 – Declaration

I understand that the information I have provided is used by the Medical Council of New Zealand for the purposes of considering my application and may be disclosed to the agents of the Medical Council for these purposes. I certify that the information I have provided is true and correct.

Applicant's signature _____ Date _____