



NZREX Clinical Application

- Repeat candidates

NZREX4

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 have sat NZREX Clinical on a previous occasion. If you are applying to sit NZREX Clinical for the first time, please complete *NZREX1 NZREX Clinical Application New Candidates*. This form can be down loaded from Council's website.
- A complete application for repeat NZREX Clinical candidates consists of:
 - **NZREX4** *NZREX Clinical Application Repeat Candidates* form with all sections completed
 - **NZREX2** *NZREX Clinical Application Fees* form with application fee attached
- As a previous NZREX Clinical candidate you will need to provide new photographs. You are not required to provide any other documents unless requested to do so.
- 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

(i) Name

Family name _____

Given names _____

(ii) Contact details – Please print clearly.

Contact address _____

Phone (home) _____

Phone (work) _____

Mobile _____

Email address _____

Fax _____

(iii) 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 the applicant.

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 – Eligibility to sit NZREX Clinical

(i) English communication and comprehension

Please note that repeat candidates for NZREX will not be required to re-sit IELTS for up to 5 years of the examination date if they have been, since the last NZREX sat, residing continuously in Australia, the United Kingdom, the Republic of Ireland, the United States, Canada (English speaking region, not Quebec) or South Africa. Acceptable evidence includes a letter of reference from an employer or landlord with a passport displaying visa or residency.

If you do not meet this requirement your IELTS results are only valid for 2 years.

If you sat IELTS **BEFORE** 1 February 2009 did you achieve an overall band of 7.5, scoring at least 7 in the four individual components in the Academic Module? Your result must be dated within five years of the date of the examination you are applying to sit.

OR

If you sat IELTS **AFTER** 1 February 2009 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 five years of the date of the examination you are applying to sit.

- Yes Date passed _____
- No (I have been exempted from the English requirement) Date of exemption _____

(ii) Medical knowledge

Have you passed, within the last 5 years, the United States Medical Licensing Examination (USMLE) Steps 1 and 2 (Clinical Knowledge) **OR** the Australian Medical Council MCQ **OR** the PLAB Part 1? (please tick one)

- Yes Date passed _____
- No, I passed USMLEs, the AMC MCQ or the PLAB Part 1 more than 5 years ago (your application will not be accepted) Date passed _____

SECTION 3 – 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 4 – Declaration

I understand that the information I have provided is used by the Medical Council 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 _____