Request for Certificate of Good Standing

CGS 1 - July 2010

POST to PO Box 11649, Manners Street, Wellington 6142, New Zealand. FAX to 64 4 385 8902
SCAN and EMAIL to mcnz@mcnz.org.nz. Telephone 64 4 384 7635 or 0800 286 801.

(i) Identification

Name:

Date of birth:

Medical Council registration number:

Doctors signature (consent required if not the doctor requesting):

(ii) Intentions

Are you intending to work overseas?	☐ Yes ☐ No
Date finishing/finished work in New Zealand (if applicable)	/ /
Supervision report sent to Council? (doctors on provisional or special purpose scopes only)	☐ Yes ☐ No

(iii) Medical Council of New Zealand – Direct electronic exchange arrangement

Please tick the relevant regulatory authority box to use our direct CGS electronic exchange for registration with:

☐ United Kingdom (GMC) ☐ Irish Medical Council (MCIrel) ☐ New Delhi Medical Council

☐ South Africa (HPCSA) ☐ British Columbia

(iv) Address for the register

Please provide a postal address for the register (New Zealand or overseas)

Postcode:

Email:

(v) Address to send certificate to

Please note: for registering overseas certificates must be sent directly to the appropriate board.

(vi) Payment

Fee payable: $NZ40.00 per certificate	☐ Cheque enclosed (payable to: Medical Council of New Zealand)
☐ Visa	☐ Mastercard

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