# CHKL 12: Research

## Part A: Checklist for registration in New Zealand

### PLEASE READ THE FOLLOWING. IT CONTAINS IMPORTANT INFORMATION.

- An application for registration in New Zealand consists of: (A) checklist and (B) application form (REG1).
- Both parts must be completed and sent to your employer who will complete the application and send it to the Council office.
- To find out what documents you need to have primary source verified visit this [page on our website](#).
- If the application is approved by Council you will need to provide an original certificate of good standing from every jurisdiction you have worked under for the previous 5 years (issued within the previous 3 months).
- If you satisfy all the criteria, you will be registered within a special purpose scope of practice for the duration of the appointment. **This is not a pathway to permanent registration.**
- Requirements for registration with a special purpose scope are detailed [here](#).
- Incomplete applications will not be processed. If you need help completing your application please contact the Council office; phone +64 4 384 7635 or 0800 286 801, or email registration@mcnz.org.nz.

### SECTION 1 – Criteria to satisfy for registration within this pathway

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Do you hold an acceptable primary medical qualification? Please see [www.mcnz.org.nz](http://www.mcnz.org.nz) for the criteria.

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Does the research project have the approval of a formally constituted ethics committee in New Zealand?

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Do you agree that no clinical work other than that involved in the research project may be undertaken?

### SECTION 2 – Documentation that must be provided with the application

- Part A checklist completed
- Part B (REG1) application form completed
- IELTS or OET result (only if required to meet English language requirements – see section 2 of REG1 form)
- Application fee – see REG1 form
- Copy of identity detail page(s) from your passport
- Current curriculum vitae:
  - employment must be provided in a chronological order by month and year
  - any periods worked for less than 30 hours a week must be clearly identified as part-time
  - any employment gaps of 3 months or more must be explained.

Before submitting your application for registration you must submit your required documents to EPIC for primary source verification [see this link for what documents must be verified](#). As you upload each document to EPIC, please ensure you select the Medical Council of New Zealand to receive a notification that the document has been submitted for verification. If you have already had your documents verified by EPIC, please make the report available to the Medical Council of New Zealand.

EPIC ID Number: C-____________________
And, if applicable, copies of:

- Evidence of name change(s) – ie marriage certificate, deed poll, affidavit or statutory declaration
- Conviction notice(s)
- Relevant medical reports
- Disciplinary decisions, explanation of event(s), relevant correspondence, court documentation, certificates of good standing

To be submitted by proposed employer:

- Form REG3 - approval of position and supervisor
- Evidence of ethics committee approval
- Letter of appointment
- Three recent references that have been verified. References must be:
  - all references must be completed using Council’s referee report form (RP6 RP9 form)
  - from senior medical colleagues familiar with the applicant’s practice within the 3 years immediately prior to application
  - signed within 6 months of Council receiving application
  - at least one reference must be from the applicant’s most recent place of employment

SECTION 3 – Declaration and signature of applicant

I understand that registration within a special purpose scope is not a pathway to permanent registration in New Zealand and agree to my registration being cancelled when my appointment in New Zealand ends.

Applicant’s signature ___________________________ Date ________________
Print name ______________________________________

SECTION 4 – Signature of employer or applicant’s nominated agent

- I acknowledge that all information relevant to the question of registration collected and retained by the applicant and/or the applicant’s nominated agent has been disclosed to the Medical Council of New Zealand (Council).
- I further confirm that should any information that may be relevant to the question of registration come into the possession of the applicant and/or the applicant’s nominated agent, such information will be disclosed to Council as soon as is practicable.
- I consent to the disclosure of relevant information to agencies outside Council where such disclosure may be necessary to safeguard the health and safety of the public.

Employer and/or applicant’s nominated agent ___________________________ Date ________________
Print name ______________________________________