



## Postgraduate training

### Part A: Checklist for registration in New Zealand

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For office use only

Registration no:

#### Please read the following, it contains important information

- An application for registration in New Zealand consists of: **(A) checklist** and **(B) application form (REG1)** and the additional documentation specified on the checklist. Application forms can be downloaded at [www.mcnz.org.nz](http://www.mcnz.org.nz).
- Both parts must be completed and then sent to the place where you will undertake your training. They 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 professional status (good standing)** from every jurisdiction you have worked under for the previous **5 years (issued within 3 months of the date you start training in New Zealand)**.
- If you satisfy all the criteria, you will be eligible for registration within a special purpose scope of practice for the duration of your appointment or for a maximum period of 2 years, whichever is shorter.
- Requirements for registration with a special purpose scope are detailed at [www.mcnz.org.nz](http://www.mcnz.org.nz).
- This is not a pathway to permanent registration. **Time you are registered within a special purpose scope of practice will not be counted towards gaining registration within a provisional general, general or vocational scope of practice in New Zealand.**
- Processing time for completed applications is 20 working days. There will be delays if an incomplete application is submitted. 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](mailto:registration@mcnz.org.nz).

#### SECTION 1 – Confirmation of eligibility for registration

- |                          |     |                          |    |  |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you hold an acceptable primary medical qualification? Please see <a href="http://www.mcnz.org.nz">www.mcnz.org.nz</a> for the criteria.     |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you been accepted into a formal, recognised scholarship or fellowship programme in New Zealand?   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you been registered and practising in your home/sponsor country for a minimum of 1 year immediately prior to submitting your application? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you meet one of the requirements of Council's English language policy as outlined in section 2 of the REG1 form?                            |

If you ticked "no" for any of the above questions, you do not meet the requirements for this registration pathway. Please visit the Council's website, [www.mcnz.org.nz](http://www.mcnz.org.nz) for further information.

#### Do you meet at least one of the following criteria for registration in a special purpose scope of practice - postgraduate training?

- |                          |     |                          |    |   |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <b>OPTION A</b> - Are you being sponsored by or on behalf of a country or organisation to which you will return after the proposed training period, or  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <b>OPTION B</b> - Are you enrolled in a formal vocational training programme in your own country, or  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <b>OPTION C</b> - Do you hold a formal postgraduate qualification accepted by the Council as indicating competence in the branch of medicine to which you will confine your practice while in New Zealand, or |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <b>OPTION D</b> - Have you worked for at least 12 months in an institution with which a New Zealand hospital or medical school has an exchange programme?   |

If you ticked "no" for all of the above questions, you do not meet the requirement for this registration pathway. Please visit the Council's website, [www.mcnz.org.nz](http://www.mcnz.org.nz) for further information.

#### SECTION 2 – Documentation that must be provided by the applicant

<input type="checkbox"/> Part A checklist completed	<input type="checkbox"/> Part B REG1 form completed
<input type="checkbox"/> A copy of the details page of your passport	<input type="checkbox"/> Payment for the application fee (see REG1)
<input type="checkbox"/> IELTS or OET result if required to meet English language requirements – see section 2 of REG1 form	<input type="checkbox"/> REG10 Declaration form completed
<input type="checkbox"/> Current curriculum vitae: <ul style="list-style-type: none"> <li>• provide your employment history in chronological order by month and year</li> <li>• explain any gaps in employment of 3 months or more</li> <li>• clearly identify any periods worked for less than 30 hours a week as part-time</li> </ul>	<input type="checkbox"/> If the name on your qualification is different to the name on your passport you will need to provide evidence that your name has been changed i.e. marriage, divorce or deed poll certificates, a certified affidavit or statutory declaration.
<input type="checkbox"/> Evidence that your application meets the corresponding option that you selected in section 1 above: <ul style="list-style-type: none"> <li>• Option A – Sponsorship letter confirming you will return to your home sponsor country at the end of your training</li> <li>• Option B – Evidence of your enrolment in a formal training programme in your home country</li> <li>• Option C – A copy of your postgraduate qualification</li> <li>• Option D – Letter from your home institution confirming your exchange opportunity in New Zealand and confirming that you will return to work at this institution at the end of your training</li> </ul>	
<input type="checkbox"/> Evidence of guaranteed ongoing employment in your home/sponsor country at the completion of your training period in New Zealand.	
<input type="checkbox"/> If you have answered ‘yes’ to any of the fitness for registration questions on the REG1 form under section 2 (iii or iv) you will need to provide an original certificate of good standing with your application from every jurisdiction you have worked within the last 5 years including the jurisdiction relating to your disclosure. You also need to provide (as applicable): <ul style="list-style-type: none"> <li>• a description of event(s)</li> <li>• conviction notices</li> <li>• legal reports</li> <li>• disciplinary findings or decisions.</li> </ul>	
<input type="checkbox"/> <b>Before submitting your application for registration you must submit your required documents to EPIC for primary source verification (<a href="#">see this link for what documents must be verified</a>). 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.</b>	
<p>EPIC ID Number: C-_____</p>	

**SECTION 3 – Documentation that must be provided by the training host**

<input type="checkbox"/> Letter of appointment	<input type="checkbox"/> REG3 form – approval of position and supervisor
<input type="checkbox"/> An orientation, induction and supervision plan	<input type="checkbox"/> REG10 declaration form completed
<input type="checkbox"/> Three recent references (preferably on the RP9 form, or processing may be delayed): <ul style="list-style-type: none"> <li>• from senior medical colleagues familiar with the applicant’s clinical practice within the 3 years immediately prior to application</li> <li>• signed within 6 months of Council receiving application</li> <li>• at least one reference must be from most recent place of employment</li> </ul>	<input type="checkbox"/> A letter or email from the Chief Medical Advisor or Practice Principal confirming that the applicant is entering into formal scholarship or fellowship programme (cannot be BAB / Australasian or NZ College programme)

- A letter (or email) confirming details of:
- the training objectives the applicant is expected to achieve while in New Zealand
  - how the training will be monitored and outcomes will be measured
  - the level of responsibility to be delegated to the applicant
- Please note that training details provided to Council must be tailored and specific to the individual applicant  
[Click here to view the Postgraduate Training Objectives Guide](#)

- A letter or email confirming:
- the applicant’s training is not being funded by the government funding agency
  - the applicant will not be required to provide night cover for the first 3 months
  - there will be a minimum of 2 hours per week of protected time for teaching and attending tutorials and grand rounds
  - the applicant will not undertake relief runs.

**SECTION 4 – 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 that my registration will be cancelled when my appointment in New Zealand ends, or after 2 years, whichever is earlier.

Applicant’s signature

Date

Print name

**SECTION 5 – Signature of training host or applicant’s nominated agent**

- I confirm 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 is necessary, in the Council’s opinion, to safeguard the health and safety of the public.

Employer and/or recruitment agent

Date

Print name