



CHKL2: United Kingdom and Irish medical graduates

Part A: Checklist for registration in New Zealand

PLEASE READ THE FOLLOWING. IT CONTAINS IMPORTANT INFORMATION.

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- 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 professional status (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 provisional general scope of practice for up to 2 years before being eligible to apply for a general scope of practice.
- Requirements for registration with a general scope are detailed at www.mcnz.org.nz.
- Processing time for a complete application 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 registration@mcnz.org.nz

SECTION 1 – Confirmation of eligibility for registration

- | | | | | |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you have a primary medical degree from a university medical school accredited by the General Medical Council? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you have a primary medical degree from a university medical school accredited by the Irish Medical Council? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you completed Foundation Year 1 in the United Kingdom or an internship in Ireland? |

SECTION 2 – Documentation that must be provided with the application

To be submitted **by applicant**:

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Part A checklist completed | <input type="checkbox"/> | Part B REG1 application form completed |
| <input type="checkbox"/> | Application fee – see REG1 form | <input type="checkbox"/> | Copy of identity detail page from your passport(s) |
| <input type="checkbox"/> | IELTS result (only if required to meet English language requirement – see section 2 of REG1 form) | <input type="checkbox"/> | If you have made a competence or conduct disclosure: <ul style="list-style-type: none"> • certificates of professional status (good standing) from every jurisdiction where you have worked for the previous 5 years • certificates of professional status (good standing) from any jurisdiction(s) where the investigation(s) or proceedings occurred (even if this was more than 5 years ago) |
| <input type="checkbox"/> | Current curriculum vitae: <ul style="list-style-type: none"> • provide employment information in chronological order by month and year • explain any employment gaps of 3 months or more • clearly identify any periods worked for less than 30 hours a week as part-time | | |
| <input type="checkbox"/> | 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:

- | | |
|--|---|
| <input type="checkbox"/> Evidence of name change(s) – ie marriage certificate, deed poll, affidavit or statutory declaration | <input type="checkbox"/> Conviction notice(s) |
| <input type="checkbox"/> Relevant medical reports | <input type="checkbox"/> Disciplinary decisions, explanation of event(s), relevant correspondence, court documentation, certificates of good standing |

To be submitted by proposed employer:

- | | |
|--|---|
| <input type="checkbox"/> Letter of appointment | <input type="checkbox"/> Three recent references (preferably on the RP9 form, or processing may be delayed): <ul style="list-style-type: none">• from senior medical colleagues familiar with the applicant’s clinical practice within the 3 years immediately prior to application• signed within 6 months of Council receiving application• at least one reference must be from most recent place of employment |
| <input type="checkbox"/> Form REG3 – approval of position and supervisor | |
| <input type="checkbox"/> Supervision, orientation and induction plan (if working in general practice or accident and medical practice) | |

SECTION 3 – Revision of Register, Section 144(3) Health Practitioners Competence Assurance Act 2003.

- Please tick this box if you agree to your entry in the register being cancelled if you cease practising in New Zealand.

SECTION 4 – Signature of applicant

Applicant’s signature	<input type="text"/>	Date	<input type="text"/>
Print name	<input type="text"/>		

SECTION 5 – Signature of employer 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 applicant’s nominated agent	<input type="text"/>	Date	<input type="text"/>
Print name	<input type="text"/>		