



## CHKL4: Worked in a comparable health system

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

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

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- This application for registration in New Zealand consists of three parts: **(A) checklist, (B) application form (REG1) and (C) practice profile(s) (checklist 5/6).**
- Please complete all three parts and send to your employer with the required supporting documents (listed in section 2 below).
- To find out what documents you need to have primary source verified visit this [page on our website](#).
- The employer will complete the rest of the application (see section 3) and send it to the Council office.
- 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 your application is approved, you will be sent a letter of eligibility inviting you to complete the registration process by attending an interview in New Zealand. You will need to provide a copy of the letter to New Zealand Immigration to support your work visa application.
- Processing time will be 20 working days from receipt of a complete application. Incomplete applications may take longer. If you make a disclosure under section 2 of the REG1 form, processing delays are likely to occur.
- If you have questions, contact the Council office on +64 4 384 7635 or 0800 286 801 or [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="#">here</a> for the criteria.  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you worked for 33 months (for at least 30 hours per week) during the last 48 months in a health system comparable to New Zealand? For a list of comparable health systems, please see <a href="#">here</a> .       |
|                          |     |                          |    | If you answered “yes” to the preceding question:  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | • do you hold full or general registration in the comparable health system?, <b>OR</b>  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | • are you participating in a training programme recognised by the American Boards or College of Physicians and Surgeons of Canada?  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is the work you will be doing in New Zealand in the same area of medicine and at a similar level of responsibility as what you have been doing for at least 33 out of the last 48 months (please check your job offer)? |
| <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?   |

## SECTION 2 – Documentation to be provided with the application by applicant

- |  |   |
|--|---|
| <input type="checkbox"/> Checklist 4 completed   | <input type="checkbox"/> Medical qualification(s) – copies  |
| <input type="checkbox"/> REG1 application form completed   | <input type="checkbox"/> Registration certificate / licensure to practise   |
| <input type="checkbox"/> Application fee – see REG1 form   | <input type="checkbox"/> Official translations of documents not in English  |
| <input type="checkbox"/> Practice profile(s) completed – see checklist 5/6   | <input type="checkbox"/> Current curriculum vitae: <ul style="list-style-type: none"><li>• provide employment in chronological order by month and year</li><li>• clearly identify any periods worked for less than 30 hours a week as part-time</li><li>• explain any employment gaps of 3 months or more</li></ul> |
| <input type="checkbox"/> IELTS or OET result if necessary to meet Council’s English language requirements – see section 2 of REG1 form |   |
| <input type="checkbox"/> Copy of identity detail page(s) from your passport  |   |
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- |   |   |
|---|---|
| <input type="checkbox"/> If you have made a competence or conduct disclosure: <ul style="list-style-type: none"><li>• certificates of professional status (good standing) from every jurisdiction where you have worked for the previous 5 years</li><li>• 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)</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> |
|---|---|
- EPIC ID Number: C- \_\_\_\_\_

And, if applicable, copies (by a justice of the peace, notary public, solicitor or lawyer, registrar of district court, commissioner of oaths, police officer, chartered / registered accountant) of:

- |   |   |
|---|---|
| <input type="checkbox"/> Evidence of name change(s) – marriage certificate, deed poll or a statutory declaration / affidavit signed by a solicitor, notary public or justice of the peace | <input type="checkbox"/> Disciplinary decisions, explanation of event(s), relevant correspondence, court documentation, etc |
| <input type="checkbox"/> Relevant medical reports   | <input type="checkbox"/> Conviction notice(s)   |

## SECTION 3 – Documentation to be provided with the application by the proposed employer

- |   |   |
|---|---|
| <input type="checkbox"/> Form REG3 – approval of position and supervisor  | <input type="checkbox"/> Three recent references (preferably on the RP9 form – application processing may be delayed if the reference is on a form other than the RP9 and does not provide adequate information about the applicant and the referee). References must be: <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>• from doctors working in same area of medicine in which the applicant will be working in New Zealand</li><li>• signed by referees within 6 months of Council receiving application</li><li>• at least one of the references must be from the most recent place of employment.</li></ul> |
| <input type="checkbox"/> Supervision and induction plan (not necessary for doctors working as house officers)   |   |
| <input type="checkbox"/> Letter of appointment – role must be in the same area of medicine and at a similar level of responsibility to what the applicant has been doing for 33 out of the previous 48 months |   |

**SECTION 4 – 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.

Applicant's signature

Date

Print name

**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

Date

Print name