# CHKL 7: Australian general scope pathway

## 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) check list 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 at least one year before being eligible to apply for a general scope of practice.
- Requirements for registration with a general scope are detailed [here](#).
- 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 registrationenquiry@mcnz.org.nz

## SECTION 1 – Confirmation of eligibility for registration

You must answer ‘yes’ to all of the questions in either option A OR option B in order to be eligible for this registration pathway.

### Option A: AMC Clinical examination

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- Have you passed the Australian Medical Council (AMC) MCQ examination?
- Have you passed the AMC Clinical examination?
- Have you satisfactorily completed 12 months of supervised practice in Australia?
- Do you hold full general registration in Australia?

### Option B: AMC approved workplace based assessment

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- Have you passed the Australian Medical Council (AMC) MCQ examination?
- Have you successfully completion of a formal AMC approved workplace based assessment (WBA)?
- Have you satisfactorily completed 12 months of supervised practice in Australia after completing your WBA?
- Do you hold full general registration in Australia?

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

To be submitted by applicant:

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- Application fee – see REG1 form
- Copy of identity detail page from your passport(s)
- Current curriculum vitae:
  - 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
- 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)
- Copy of AMC MCQ examination pass

**IF Option A**
- Copy of AMC Clinical examination pass

**If Option B**
- Copy of AMC Work Based Assessment pass

**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
- Relevant medical reports

**Conviction notice(s)**
- Disciplinary decisions, explanation of event(s), relevant correspondence, court documentation, certificates of good standing

**To be submitted by proposed employer**
- Letter of appointment
- Form REG3 – approval of position and supervisor
- Supervision, orientation and induction plan

**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 – 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 ____________________________ 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 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.

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