



CHKL 7: Australian general scope pathway

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) 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

- | | | | | |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you passed the Australian Medical Council (AMC) MCQ examination? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you passed the AMC Clinical examination? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you satisfactorily completed of 12 months of supervised practice in Australia? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you hold full general registration in Australia? |

Option B: AMC approved workplace based assessment

- | | | | | |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you passed the Australian Medical Council (AMC) MCQ examination? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you successfully completion of a formal AMC approved workplace based assessment (WBA)? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you satisfactorily completed of 12 months of supervised practice in Australia after completing your WBA? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you hold full general registration in Australia? |

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"/> | Application fee – see REG1 form |
| <input type="checkbox"/> | Part B REG1 application form completed | <input type="checkbox"/> | Copy of identity detail page from your passport(s) |
| <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 | <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 |

<ul style="list-style-type: none"> 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"/> IELTS or OET result (only required to meet English language requirement f) or g)) – see section 2 of REG1 form.	<input type="checkbox"/> Copy of AMC MCQ examination pass
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<input type="checkbox"/> IF Option A Copy of AMC Clinical examination pass	<input type="checkbox"/> If Option B Copy of AMC Work Based Assessment pass
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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 that have been verified. References must be: <ul style="list-style-type: none"> 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
<input type="checkbox"/> Form REG3 – approval of position and supervisor	
<input type="checkbox"/> Supervision, orientation and induction plan	

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 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