



New Zealand and Australian graduates

Part A: Checklist for registration in New Zealand

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Chkl 1 – Jun 2018
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)**.
- 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**. The certificate of professional status (good standing) must be issued within 3 months of the start date of employment in New Zealand.
- If you satisfy all the criteria, you will be registered within a general scope or a provisional general scope of practice.
- Incomplete applications will not be processed. Processing time for a complete application is 20 working days. If you need help completing your application please phone +64 4 384 7635 or 0800 286 801, or email registration@mcnz.org.nz.

SECTION 1 – Confirmation of eligibility

- | | | | | |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Did you graduate from a New Zealand or Australian medical school? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you completed an internship in New Zealand or Australia? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you completed an internship in a country other than New Zealand or Australia? If yes, which country? _____ |

SECTION 2 – Documentation that must be provided with the application 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 for details | <input type="checkbox"/> | Current curriculum vitae: <ul style="list-style-type: none">• provide employment 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"/> | Copy of identity detail page(s) from your passport | <input type="checkbox"/> | IELTS or OET result (only if required to meet English language requirements – see section 2 of REG1 form) |
| <input type="checkbox"/> | Evidence of continuing medical education | <input type="checkbox"/> | Completed CPD8 recertification agreement form or CPD7 if in training programme. |
| <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"/> | Evidence of your enrolment with <i>Inpractice</i> (CPD8) or vocational training programme (CPD7). |
| <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"/> Relevant medical reports | <input type="checkbox"/> Conviction notice(s) |
| <input type="checkbox"/> Evidence of name change(s) – ie marriage certificate, deed poll, affidavit or statutory declaration | <input type="checkbox"/> Disciplinary decisions, explanation of event(s), relevant correspondence, court documentation, certificates of professional status (good standing) |

SECTION 3 – Documentation that must be provided with the application by employer

- | | |
|--|---|
| <input type="checkbox"/> Letter of appointment | <input type="checkbox"/> Three recent references that have been verified (preferably on the RP9 form, or processing may be delayed. References must be: <ul style="list-style-type: none">• 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 most recent place of employment) |
|--|---|

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.

SECTION 5 – Signature of applicant

Applicant’s signature	_____	Date	_____
Print name	_____		

SECTION 6 – Reference details (to be completed by employer or applicant’s nominated agent)

Council requires three references to complete the application*.

1. References must be completed by senior medical colleagues who are familiar with the applicant’s current professional practice and have worked with the applicant within the last 3 years. At least one of these must be from a recent employer.
2. Where an applicant is applying for registration at registrar level or above, the referees must be consultants/specialists in the same branch of medicine as the applicant, and must have worked closely with and be familiar with the applicant’s practice at the level they have been appointed in New Zealand.
3. For full details on reference requirements please refer to the Council’s *Policy on reference requirements for registration applications*.

These can be either:

- | | | |
|---|--|---|
| <input type="checkbox"/> Transcripts of verbal references | <input type="checkbox"/> Email references sent directly between the employer and the referee | <input type="checkbox"/> Written references |
|---|--|---|

Council requires all references to be verified at source. Please sign that you have done so:

Print name (person who verified the reference)	_____	Position	_____
Signed	_____	Date	____/____/____

SECTION 7 – 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	_____		

