CHKL 12: Research
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) 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 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 special purpose scope of practice for the duration of the appointment. This is not a pathway to permanent registration.
- Requirements for registration with a special purpose scope are detailed here.
- Incomplete applications will not be processed. If you need help completing your application please contact the Council office; phone +64 4 384 7635 or 0800 286 801, or email registration@mcnz.org.nz.

SECTION 1 – Criteria to satisfy for registration within this pathway

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SECTION 2 – Documentation that must be provided with the application

| ☐   | ☐   | Part A checklist completed |
| ☐   | ☐   | Part B (REG1) application form completed |
| ☐   | ☐   | Application fee – see REG1 form |
| ☐   | ☐   | Copy of identity detail page(s) from your passport |
| ☐   | ☐   | Current curriculum vitae: |
| ☐   | ☐   | • employment must be provided in a chronological order by month and year |
| ☐   | ☐   | • any periods worked for less than 30 hours a week must be clearly identified as part-time |
| ☐   | ☐   | • any employment gaps of 3 months or more must be explained. |

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

To be submitted by proposed employer:

- Form REG3 - approval of position and supervisor
- Evidence of ethics committee approval
- Three recent references (preferably on the RP9 form – application processing may be delayed if the reference does not provide adequate information about the applicant and referee). References must be:
  - from senior medical colleagues familiar with the applicant’s clinical practice within the 3 years immediately prior to application
  - from doctors working in same area of medicine in which the applicant will be working in New Zealand
  - signed by referees within 6 months of Council receiving application.

SECTION 3 – Declaration and signature of applicant

I understand that registration within a special purpose scope is not a pathway to permanent registration in New Zealand and agree to my registration being cancelled when my appointment in New Zealand ends.

Applicant’s signature ____________________________ Date ______________
Print name ____________________________

SECTION 4 – Signature of employer or applicant’s nominated agent

- I acknowledge 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 may be necessary to safeguard the health and safety of the public.

Employer and/or applicant’s nominated agent ____________________________ Date ______________
Print name ____________________________