



## Special Purpose: Teleradiology

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

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Contact: +64 4 384 7635 – 0800 286 801 – [registration@mcnz.org.nz](mailto:registration@mcnz.org.nz)

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For office use only

Registration no:

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

- An application for registration in New Zealand consists of two parts:
  - (a) Checklist 20
  - (b) Application form (REG1)
- Please complete your section of this checklist and the REG1 form and send both forms with all of the documents listed below to the New Zealand-based health provider that your employer is contracted to.
- The New Zealand-based health provider will complete the application and send it to the Council office for processing.
- To find out what documents you need to have primary source verified visit this [page on our website](#).
- If you satisfy all the criteria for registration, you will be registered within a special purpose scope of teleradiology.
- This registration will be for a maximum of 12 months, and is not a pathway to permanent registration. You will need to reapply for registration for every 12 month period (or part thereof).
- We are not able to process incomplete applications. If you need help completing your application please contact the Council office; phone +64 4 384 7635, or email [registration@mcnz.org.nz](mailto:registration@mcnz.org.nz).

#### SECTION 1 – Confirmation of eligibility

- |                          |     |                          |    |  |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you currently hold registration within the Special Purpose Scope of Practice: Teleradiology? If yes, please refer to documents required for “reapplying for registration” – marked with # on page 2 and submit <b>only</b> these documents along with the completed applications forms. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you hold an acceptable primary medical qualification? Please see <a href="http://www.mcnz.org.nz">www.mcnz.org.nz</a> for the criteria.   |
| <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?  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you have a postgraduate qualification approved by Council to work in diagnostic radiology?  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Are you registered to practise in Australia, the UK, Canada, South Africa or the USA?  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you been in active clinical practice (20 hours per week) as a diagnostic radiologist, for at least 24 out of the past 36 months?  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Will you be providing radiology services under contract to a health provider located in New Zealand?   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you been fully credentialed by that provider?   |

If you have answered “No” to any of the questions above, you are not eligible for registration in a special purpose scope – teleradiology.

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

### To be provided by the applicant:

- |   |  |
|---|--|
| <input type="checkbox"/> Part A (checklist 20) completed  | <input type="checkbox"/> Part B (REG1 application) completed   |
| <input type="checkbox"/> <b>Certified copy</b> <sup>1</sup> of identity detail page(s) from your passport.  | <input type="checkbox"/> Application fee and practising certificate fee  |
| <input type="checkbox"/> <b>Original</b> evidence of registration in the jurisdiction where approved qualifications for this pathway have been issued.  | <input type="checkbox"/> <b>Certified copy</b> of IELTS result if required to meet English language requirement – see section 2 of the REG1 form.  |
| <input type="checkbox"/> Current curriculum vitae: <ul style="list-style-type: none"><li>• provide your employment history in chronological order by month and year</li><li>• explain any gaps in employment of 3 months or more</li><li>• clearly identify any periods worked for less than 30 hours a week as part-time</li></ul>   | <input type="checkbox"/> <b>Original</b> Certificates of professional status (good standing) (or equivalent) from every jurisdiction you have worked under for the previous 5 years (issued within the previous 3 months). |
| <input type="checkbox"/> If reapplying for registration after 12 months, provide update of CV only.   | <input type="checkbox"/> Evidence of continuing professional development during the last 12 months.  |
| <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> | <input type="checkbox"/> Evidence of active clinical practice (20 hours per week) as a diagnostic radiologist, for at least 24 out of the past 36 months   |

EPIC ID Number: C-\_\_\_\_\_

### And if applicable certified copies of:

- |  |   |
|--|---|
| <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 good standing |
| <input type="checkbox"/> Relevant medical reports  | <input type="checkbox"/> Conviction notice(s)   |

### To be provided by the New Zealand service provider:

- |   |   |
|---|---|
| <input type="checkbox"/> Comprehensive supervision and induction plan, signed by clinical director (or equivalent). If the practitioner is reapplying for registration after 12 months, provide an updated supervision plan only. | <input type="checkbox"/> Three recent references (on the RP6 form – application processing may be delayed if the reference does not provide adequate information about the applicant and 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></ul> |
| <input type="checkbox"/> Form REG3 – Approval of position and supervisor  |   |
| <input type="checkbox"/> Evidence of documented complaints procedures.  |   |
| <input type="checkbox"/> Credentiaing report  |   |
| <input type="checkbox"/> Copy of contract between NZ-based healthcare provider and overseas facility and proof of practitioner’s employment at this facility.   |   |
| <input type="checkbox"/> Evidence of a documented dispute resolution process.   |   |
- For a second or subsequent application, Council will require only one recent reference from the applicant’s NZ-based supervisor.

<sup>1</sup> Certified copies are copies of original documents signed by a justice of the peace, solicitor, notary public, commissioner of oaths, police officer or a chartered accountant confirming that they are true copies of originals.



Please describe the nature of the accreditation of the overseas facility that you are contracting with:

Name of accreditation authority: .....

Expiry date of current certificate of compliance: .....

Please include a copy of the facility's current certificate of compliance with this application.

**SECTION 3 – Declaration and signature of applicant**

I understand that registration within the Special Purpose Scope: Teleradiology is not a pathway to permanent registration in New Zealand and agree to my registration being cancelled after 12 months, or earlier if my employment with the contracted overseas facility ends, or if the overseas facility's contract with the New Zealand-based health provider ends.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

**SECTION 4 – Signature of clinical director (or equivalent) of the NZ-based healthcare provider**

- 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 confirm that, to my knowledge, all the information I have provided is accurate and complete. I understand that providing falsified, inaccurate or misrepresentative information can result in my registration being terminated with immediate effect (within the provisions of the HPCA Act 2003).
- 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_