



## COS2: Application to vary annual practising certificate

Provisional vocational scope

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

### SECTION 1 - IMPORTANT INFORMATION

- You must use this form to apply to Council for a change in employment or work location while you are registered in a provisional vocational scope of practice. This will take up to **3 weeks to process** upon receipt.
- You cannot work within these changes until they are approved endorsed on your practising certificate. Your practising certificate will **not** be back dated.
- Please have section 2 to 6 and 8 completed, and forward the form to the Council's office. If you are registered under the provisional vocational assessment pathway, Council will send the form to the Vocational Education and Advisory Body (VEAB) to complete section 7 (please note that you will need to pay a non-refundable fee for advice).
- If a delegate of the Chief Medical Officer (CMO) / practice principal signs section 6, Council will need written confirmation of the delegation directly from the CMO / practice principal.

### SECTION 2 – DOCUMENTS MUST BE PROVIDED

Please complete this form and tick  the documents you have enclosed:

- Satisfactory supervision reports to date
- Copy of your job offer / letter of appointment (on employment letterhead paper and signed by you and your employer)
- Updated supervision plan (if new employer and supervisor – refer to Council's supervision guidelines at <https://www.mcnz.org.nz/assets/publications/Booklets/8975675b46/Orientation-Induction-and-Supervision-for-International-Medical-Graduates.pdf>)
- A non-refundable fee applies if there is a proposed change in employer/supervisor (for those on the provisional vocational assessment pathway) that requires a recommendation from the relevant VEAB.

### SECTION 3 – TO BE COMPLETED BY APPLICANT

Full name(s): \_\_\_\_\_ Registration Number: \_\_\_\_\_

- Change(s) requested:
- Change of supervisor
  - Change to new employment
  - Extension to current employment
  - Change of work location (with current employer)

Address for medical register: \_\_\_\_\_

I understand that:

- The Medical Council may review my registration at any time.
- My clinical supervisor will report to the Medical Council.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SECTION 4 – TO BE COMPLETED BY CURRENT SUPERVISOR (OR PROPOSED SUPERVISOR IF SUPERVISOR WILL BE CHANGED)**

Full name(s): \_\_\_\_\_ Registration Number: \_\_\_\_\_

Current practising certificate:  Yes  No Position: \_\_\_\_\_

I am registered within a vocational scope:  Yes  No Vocational scope: \_\_\_\_\_

- I have read the Council's document *induction and supervision for newly registered doctors* and understand what is required of me.
- I agree to supervise the applicant and to forward completed reports at 3 monthly intervals, or as requested by the Medical Council.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 5 – TO BE COMPLETED BY EMPLOYER (Dates must match those listed in job offer)**

Position appointed to: \_\_\_\_\_ Vocational Scope of practice: \_\_\_\_\_

Employer / Hospital / Institution: \_\_\_\_\_

Position:  Full time  Part time Hours per week: \_\_\_\_\_

Start date of employment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End date of employment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year day year month

Printed name of person signing: \_\_\_\_\_ Position: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 6 – TO BE COMPLETED BY THE CHIEF MEDICAL OFFICER (CMO) OR PRACTICE PRINCIPAL**

- In the DHB environment, the signature of the CMO/CMA or their delegate. In the primary care environment, the signature of the practice manager/practice principal or their delegate.
- Written confirmation of the delegation must be sent to the Council office before an application is approved.
- I agree to the proposed supervision and induction plan and accept responsibility for ensuring the plan attached is implemented.

**Printed name of person signing:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 7 – TO BE COMPLETED BY VOCATIONAL EDUCATION AND ADVISORY BODY**

- To be completed if doctor is registered in a provisional vocational scope of practice under *assessment*.
- The position and supervisory arrangements are suitable for assessment purposes.

**Vocational  
Education and  
Advisory Body  
(VEAB) name:** \_\_\_\_\_  
\_\_\_\_\_

**Printed name of  
person signing:** \_\_\_\_\_

**Position:** \_\_\_\_\_  
\_\_\_\_\_

**Signed:**

**Date:**

**SECTION 8 – CHANGE OF EMPLOYMENT, AND/OR CHANGE IN SUPERVISION (UNDER PROVISIONAL VOCATIONAL ASSESSMENT)**

For a current list of Medical Council fees please visit our website [here](#).

Credit card: Once your application has been received payment details will be emailed to the email address you have provided on this form.

Cheque enclosed: (NZ\$), please print your full name on the back of the cheque

**For office use only:**

**Applicant's name:**

**Reference/registration No:**

**Workflow ID:**