



Application for a practising certificate for international medical graduates registered on a provisional general scope returning to medical practice in New Zealand

REG9
For office use only

Registration No:

PLEASE READ THE FOLLOWING. IT CONTAINS IMPORTANT INFORMATION.

- All sections of this form must be completed, and appropriate documentation included, before sending to the Council office.
- Please allow 20 working days for processing your application. 20 working days starts from the day your application is complete.
- The information on this form is to enable Council to consider whether you may be issued with a practising certificate and, if so, maintain a record of your employment and registration in New Zealand. This is personal information in terms of the Privacy Act 1993 and you may therefore apply to view it at any time and correct it if necessary.
- Items marked will appear on the medical register. The medical register is a public document. It shows your registered scope of practice, any conditions on your scope, your practising certificate details and any suspension from the register, including conditions relating to that suspension. If you do not wish your nominated address to appear in the medical register you must notify Council in writing.
- Items marked in addition to those marked will be made available to the Ministry of Health under a data provision agreement for the purposes of the Health Practitioners Index.

SECTION 1 – Documents required

Checklist – Please use the checklist below to make sure you have completed all sections of the application form and enclosed all the documents required, as **Council is not able to process incomplete applications.**

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| <input type="checkbox"/> Letter of appointment | <input type="checkbox"/> Official translation(s) of any document(s) not in English |
| <input type="checkbox"/> Form REG3 – approval of position and supervisor | <input type="checkbox"/> Passport – copy of identity page(s) |
| <input type="checkbox"/> Supervision plan. If you are not sure, please contact the Council office for information about the detail a supervision plan must include. | <input type="checkbox"/> Original Certificate(s) of professional status (good standing) from each Regulatory Authority under which you have practised during the last 5 years or since you last worked in New Zealand (whichever is shorter). The certificate(s) of professional status (good standing) must be dated within 3 months of the start date of your employment in New Zealand. |

If applicable

- | | |
|---|---|
| <input type="checkbox"/> Information regarding any disclosure made in Section 4 of this form: <ul style="list-style-type: none"> • explanation from you • relevant medical reports • conviction notice(s) • disciplinary/conduct/competence investigations or findings. | <input type="checkbox"/> Evidence (marriage certificate, deed poll or a statutory declaration signed by a solicitor) of any change in name since you were last working in New Zealand. The document must be a certified copy. |
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If you have not worked in New Zealand within the last 3 years

- | | |
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| <input type="checkbox"/> A current curriculum vitae: <ul style="list-style-type: none"> • employment must be provided in a chronological order by month and year • any employment gaps of 3 months or more must be explained. | <input type="checkbox"/> Three recent references (preferably on the RP6/RP9 form – application processing may be delayed if the reference is on a form other than the RP6/RP9 form and does not provide adequate information): <ul style="list-style-type: none"> • from senior medical colleagues familiar with your clinical practice within the 3 years immediately prior to application • signed by referee within 6 months of Council receiving application • at least one reference must be from the most recent place of employment. |
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SECTION 2 – Personal identification details**(i) Name** - Show given names from your passport or birth certificate, unless your name has been legally changed

* Family name _____

* Given names _____

* Other names (unmarried name, name change, alias, etc) _____

If names differ from those on your medical qualifications and passport, please tick box to show reason and provide certified documentation as evidence of the name change (eg marriage certificate, deed poll or statutory declaration / affidavit).

 marriage deed poll common use other (explain)**(ii) Address** - Section 140 of the Health Practitioners Competence Assurance Act 2003 (HPCAA) requires you to provide Council with your current postal address, residential address and work address. All communications will be sent to your postal address. Please nominate the address you want as your registered address - your work address is recommended. Your registered address will appear on the publicly available medical register. You may not use more than one address as your registered address. If you do not wish your address to appear in the medical register, you must notify the Council in writing. Please print clearly in BLOCK letters. Your phone/fax/email details are not public information and will not be released/published.* Postal address (tick for registered address)* Residential address (if differs from above) (tick for registered address)* Work address (tick for registered address)

Phone number _____

Fax number _____

Other (mobile/locator) _____

Email _____

(iii) Proposed employment in New Zealand

Place of work _____

Proposed length of employment From / / to / /

Contact person for application _____

 I have notified my NZ employer of any disclosures made within section 4 with regards to conduct/character and professional competence.**(iv) Registration history in New Zealand**

Registration number _____

Date last practised in New Zealand / /

(iv) A civil proceeding related to competence or negligence issues.
OR
Refusal of medical indemnity insurance cover or had your premiums raised because of professional conduct, competence or negligence related claims.

Yes Include copies of relevant findings, correspondence, orders or reports.

No Go to the next question.

(v) Have you ever been diagnosed with, or assessed as having a mental or physical condition with the capacity to affect your ability to perform the functions required for the practice of medicine? These include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration.

Yes No (If 'No', please go to section 5 below.)

If yes, please provide full details of condition(s), duration of any treatment, name and contact details of treating practitioner(s), involvement of university/medical school. If information is not provided, a Council staff member will contact you.

If yes, can Council staff contact your treating practitioner(s) for further information? Yes No

If information about your condition(s) has not been provided or you answer 'No', your application for registration may be delayed.

SECTION 5 – Declaration

In making the following declaration, I confirm that I am aware that Council will make a decision on my registration in reliance on the information I have provided in my application and that the provision of false, misleading, or intentionally incomplete information may result in the cancellation of my registration and other penalties. I understand this includes:

Section 146 of the HPCAA allows the Council to cancel a person's registration if satisfied that they obtained registration by making a false or misleading representation or declaration; or that they were not entitled to be registered.

Section 172 of the HPCAA makes it an offence for a person to make false or misleading declarations and representations in relation to any information that is relevant to the Council, the Health Practitioners Disciplinary Tribunal or a Professional Conduct Committee. A person may be liable on summary conviction to a fine not exceeding \$10,000.

- I certify that I am the person who is applying for registration as a medical practitioner in New Zealand, that I am the person named in the qualifications listed on this application, and that the information I have given above and in support of this application is true and correct.
- I understand that the information that I have provided is to be used by the Council and its agents for the purposes of considering my application, and may be disclosed to agents of the Council for these purposes.
- I understand that the Council is authorised under the HPCAA to obtain further information from me or any other person or organisation concerning this application and I consent to the collection of such information by the Council or its agents subject to the Council notifying me of the person who will be contacted and of the questions that will be asked of them. I further understand that although the provision of any information by me is voluntary, refusal to provide any information may affect the Council's consideration of my application.
- I authorise the Council to disclose information about me (within the provisions of the Privacy Act 1993) to another agency(ies), if the Council believes on reasonable grounds that the disclosure is necessary (eg DHBs / employers, NZ Immigration Service, medical colleges, etc).
- I understand that I am entitled to access the information held by the Council regarding this application by a request in writing and that I may request amendment of any information that is not correct.

Applicant's signature _____ Date _____