



- Request for confirmation of internship
- PGY1/PGY2
- NZREX pass
- general scope of practice

INTERN
NZREX
PGY1,2
GEN
Jun 2019

PO Box 10509, The Terrace, Wellington, 6143, New Zealand
Level 28 Plimmer Towers, 2-6 Gilmer Terrace, Wellington, 6011, New Zealand
SCAN and EMAIL to verification@mcnz.org.nz

Personal details:

Medical Council registration number

Name:

Former names:

Date of birth:

Gender:

Address for register - NZ or overseas. Registered address is public information:

Postcode:

Confirm email

Requirements:

Please indicate which letter required by ticking the appropriate box (**1 year internship changed to 2 year internship Nov 2014**)

1 year internship valid until Nov 2014

Confirmation of internship completed and general scope (before/in Nov 2014), **or**

Confirmation of NZREX pass and completion of internship and general scope (before/in Nov 2014) **or**

2 year internship from Nov 2014

NZREX, PGY1 and general scope (1st year completed only) granted from Nov 2015 **or**

Confirmation of NZREX, PGY1 and PGY2 (full internship completed) granted from Nov 2016 **or**

Confirmation of PGY1 and general scope (1st year completed only) granted from Nov 2015 **or**

PGY1 and PGY2 (full internship completed) granted from Nov 2016

Send letter to:

Name of organisation:

Email address:

Payment: A non-refundable application fee applies.

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.

I consent to the above information being supplied.

Doctors signature:

Date: