CPD8 Recertification programme for doctors registered in a general scope of practice

Objective
To confirm that the doctor named is enrolled and actively participating in Inpractice, the Council approved recertification programme for doctors registered in a general scope of practice, administered by bpac\textsuperscript{nz}.

Responsibility of the doctor
You must:
- remain enrolled and participating in Inpractice; and
- undertake to do what is necessary to ensure your knowledge and skills relevant to the work you are doing is maintained to the required standard. This is necessary to protect the health and safety of the public.

The objectives of recertification are to:
- maintain safe clinical practice; and
- facilitate continuing professional development (CPD) by way of continuing medical education, peer review and audit of medical practice, regular practice review, etc.

How to enrol
To enrol with the Inpractice programme, please call bpac\textsuperscript{nz} for assistance at 0800 884 889 or email them at support@inpractice.org.nz. Completing your enrolment is quite simple; you will be asked to create an online account with Inpractice, and to supply the name and registration number of a vocationally registered colleague who will be providing your collegial relationship. For more information on the details of the recertification programme, please go to the Inpractice website at www.inpractice.org.nz.

Declaration
I, the undersigned, confirm that I have enrolled in Inpractice, the approved recertification programme for doctors registered in a general scope of practice.

- I have enclosed evidence of my enrolment in the Inpractice recertification programme named above. (This can include your confirmation of enrolment email from bpac\textsuperscript{nz} or a screen shot of your eportfolio).

Name: ___________________________ Signature: ___________________________

Date: ___________________________ MCNZ registration number: ___________________________

Please take a copy for your records and post or email this form to the Council office at:
Postal address: PO Box 10509, The Terrace, Wellington, 6143. Email address: registration@mcnz.org.nz