院 # 246898 页面 1/7

REG6: 申请恢复注册到新西兰医疗注册

EMAIL 申请至：pc@mcnz.org.nz

我们的网站：www.mcnz.org.nz

请阅读以下内容：
- 填写此表，如果您已被从新西兰医疗注册中取消，并希望恢复。
- 申请恢复到医疗注册是单独的，与申请执业证书的条件有关，该证书允许您在新西兰执业。
- 此表允许您申请恢复到医疗注册。
- 您必须清楚地填写所有部分。
- 请将您的申请通过电子邮件发送给我们此表和第6章中所需的全部文件。不完整申请将不被处理。
- 请将每项所需文件单独附在电子邮件中。
- 提供的信息将使我们考虑您是否符合条件。申请将在收到完整申请后的20个工作日内处理。
- 一旦收到您的申请，我们会给您发送一个URL链接，用于支付您的申请。请访问我们的网站获取当前的医疗委员会费用列表。
- 您有权要求获取个人信息并对其进行更正。
- 标记 的信息将显示在医疗注册上。医疗注册是公开文件，其中包括您的注册执业范围、任何对您的执业范围的条件、执业证书详情以及任何暂停，包括与暂停相关的条件。标记 的和 的信息将被提供给卫生部门进行健康从业者索引。

SECTION 1 – REGISTRATION HISTORY IN NEW ZEALAND – You must answer ‘yes’ to the below questions to apply

Have you been registered with the Medical Council of New Zealand before?
- Yes
- No

Were you cancelled from the New Zealand Medical Register after 2004?
Note: If your name is on our online register, this is not the correct form for you. Please contact us for more information.
- Yes
- No

For more information about eligibility see our restoration policy or contact us.

RESTORATION APPLICATION – Apply to have your name put back on the medical register

SECTION 2 - Personal identification details

(a) Registration information

What was your MCNZ registration number?

(b) Names: Write your given names on your passport or birth certificate, unless your name has been legally changed (eg, by deed poll, marriage)

○ Family name

○ Given names

○ Other names (unmarried name, name change, alias etc)

If names differ from those on your medical qualifications or passport, please tick the box below to show reason.
- marriage
- deed poll
- common use
- other (explain)
(c) **Identification**

- **Date of birth (day/month/year)**

- **Sex**
  - [ ] Male
  - [ ] Female

(d) **Address**: The Health Practitioners Competence Assurance Act 2003 (HPCAA) s140 requires you to provide us with a postal address and an electronic address for service. All communications will be sent to your email address. Your postal address will also be available on the web register unless you request your address to be confidential. Your phone/email details are not public information and will not be released or published.

  - [ ] Mark my addresses as confidential

- **Postal address**

- **Email**: 

- **Phone number(s)**: 

(e) **Qualification**

- **Name of primary medical qualification (received on completion of a primary medical degree course)**

- **Year graduated**

- **Awarding institution**

- **Abbreviation**
### SECTION 3 – Fitness for Registration

#### (a) English communication and comprehension

All applicants must satisfy us that they are able to comprehend and communicate effectively in English by meeting one of the requirements below. Please tick the box below that applies. You are not eligible for restoration unless you are able to meet one of these requirements.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>(a) Did you complete your primary medical qualification in New Zealand?</td>
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<tr>
<td>(b) Is English your first language and do you have an acceptable primary medical qualification from Australia, the United Kingdom, the Republic of Ireland, the United States, Canadian or a South African medical school where English is the sole language of instruction at the medical school?</td>
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<tr>
<td>(c) Have you completed at least 24 months full time equivalent of a health-related postgraduate qualification (diploma, masters or PhD) at an accredited New Zealand university within the 5 years immediately prior to application and have you provided references from two professors from an accredited New Zealand university who are registered as doctors in New Zealand and who speak English as a first language? The referees must be able to attest to your ability to read, write, speak and understand spoken English.</td>
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<tr>
<td>(d) Have you worked continuously as a registered medical practitioner in an institution where English was the first and prime language for a period of at least 2 years within the 5 years immediately prior to submitting this application and have you provided referees who are suitable senior medical practitioners who speak English as a first language, and who can attest to your ability to comprehend and communicate effectively in English in a clinical setting with both patients and professional colleagues? Referees will be contacted for confirmation directly by the Council, or by an employer or recruitment agent.</td>
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<tr>
<td>(e) Were you registered with the Medical Council of New Zealand on or after 18 September 2004 and was your registration cancelled for administrative reasons (and not as a result of an order of the Health Practitioners Disciplinary Tribunal or a direction by the Council under section 146 or 147 of the HPCAA) and have you provided references from suitable senior medical practitioners registered in New Zealand who can attest to your ability to comprehend and communicate effectively in English in a clinical setting with both patients and professional colleagues? Referees will be contacted for confirmation directly by the Council, or by an employer or recruitment agent.</td>
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<td>(f) Have you passed the Academic Module of the International English Language Testing System (IELTS) by achieving a minimum of the following within one result (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand):</td>
<td></td>
<td></td>
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<tr>
<td>• Speaking 7.5</td>
<td></td>
<td></td>
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<tr>
<td>• Listening 7.5</td>
<td></td>
<td></td>
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<tr>
<td>• Writing 7.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Reading 7.0</td>
<td></td>
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<tr>
<td>(g) Have you passed the Medical Module of the Occupational English Test (OET) by achieving a minimum score of 350 in each of the four components (reading, writing, listening and speaking) within one result within 2 years of your application being submitted to the Medical Council of New Zealand?</td>
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<tr>
<td>(h) Have you, within the last 5 years, attained a pass in the New Zealand Clinical Examination (NZREX)?</td>
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</table>

We must make sure that registered doctors are fit to practice and that their previous or current competence, health or conduct does not pose a risk to public health or safety.

#### (b) Mental and physical condition

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 yes, please provide full details on a separate sheet of condition(s), duration of any treatment, name and contact details of treating practitioner, involvement of university/medical school.
(c) Character / conduct

(1) **Convictions or investigations**: Have you ever been the subject of a police investigation, and/or a criminal charge being laid by the police, and/or a guilty finding in a criminal proceeding including traffic offences involving alcohol or illegal substances. Disclosure is required even if the criminal proceedings resulted in discharge without conviction or a similar finding. (For NZ applicants, please note your rights under the Criminal Records (Clean Slate) Act 2004 before providing details of any criminal record).

- [ ] Yes (If yes, please attach relevant documents, e.g. a certified copy of your conviction notice(s)).
- [ ] No

(2) **Professional conduct**: If you answer yes to any of the following questions please provide full details on a separate sheet.

(2.1) Did you, for any reason, have any time when you were not participating in your medical degree programme for more than two months?

- [ ] Yes
- [ ] No

(2.2) Are you now (or have you ever been) the subject of university disciplinary proceedings?

- [ ] Yes
- [ ] No

(2.3) Are you currently, or have you ever been, the subject of an investigation, in New Zealand or in another country, in respect of any matter that may be the subject of professional disciplinary proceedings?

- [ ] Yes
- [ ] No

(2.4) Are you currently (or have you ever been) the subject of civil proceedings related to competence or negligence issues?

- [ ] Yes
- [ ] No

(2.5) Have you ever been refused medical indemnity insurance cover or had your premiums raised because of professional conduct, competence or negligence related claims?

- [ ] Yes
- [ ] No

(2.6) Have you ever breached any code of ethics relating to boundary issues regarding patient relationships?

- [ ] Yes
- [ ] No

(2.7) Are you currently (or have you ever been) the subject of an order of any of the following:

- New Zealand Health Practitioners Disciplinary Tribunal?
  - [ ] Yes
  - [ ] No

- Overseas medical disciplinary tribunal or similar tribunal?
  - [ ] Yes
  - [ ] No

- Medical Council of New Zealand or similar registration authority overseas?
  - [ ] Yes
  - [ ] No

(d) **Professional competence**: If you answer yes to any of the following questions please provide full details on a separate sheet.

(1) Are you currently (or have you ever been) the subject of a competence inquiry with a registration authority or employer?

- [ ] Yes
- [ ] No

(2) Have you ever had your employment as a doctor terminated on the grounds of poor performance or had your practising privileges restricted?

- [ ] Yes
- [ ] No
(3) Have you ever had your medical licence, certificate of registration or permit to practise medicine suspended, restricted or revoked?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

(4) Have you ever voluntarily surrendered your medical licence, certificate of registration or permit to practise medicine for any reason other than avoidance of a renewal fee?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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(5) Have you ever had conditions imposed on your registration?

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<tr>
<th>Yes</th>
<th>No</th>
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(6) Have you ever had conditions imposed on your licence/practising certificate or equivalent?

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<tr>
<th>Yes</th>
<th>No</th>
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</table>

(7) Have you ever had an application for registration declined or been refused a licence/practising certificate or equivalent?

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<tr>
<th>Yes</th>
<th>No</th>
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### SECTION 4 – Work History

(a) Please provide details of your work history since working in New Zealand. It must be provided in chronological order. Any employment gaps of 3 months or more must be explained. You can use more than one sheet if necessary.

<table>
<thead>
<tr>
<th>Dates (from – to)</th>
<th>Level of appointment</th>
<th>Branch of medicine</th>
<th>Employer</th>
<th>Registration authority</th>
<th>Country</th>
<th>If fewer than 30hrs/w, state average hours worked per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eg mm/yy – mm/yy</td>
<td>House officer</td>
<td>Internal medicine</td>
<td>Hospital X</td>
<td>Council of X</td>
<td>XXX</td>
<td>40</td>
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### SECTION 5 – Registration/licensing history

Please list all registration/licensing bodies you have been registered or licensed with since you completed your primary medical qualification. List them in chronological order.

<table>
<thead>
<tr>
<th>Full name of registering/licensing body</th>
<th>State/country</th>
<th>Date registered/licensed (from-to):</th>
<th>Current status</th>
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<tbody>
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### SECTION 6 – 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 restoration 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 may wish 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 2020) to another agency or agencies, if the Council believes on reasonable grounds that the disclosure is necessary (including DHBs / employers, NZ Immigration Service, medical colleges).
- 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 ____________
### SECTION 7 – Documents required

- **Application form, all sections completed**
- **Certificate(s) of Professional Status (COPS) sent directly to MCNZ 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 COPSs must be dated within 3 months of the start date of your employment in New Zealand.**
- **Current curriculum vitae (showing all employment / appointments in chronological order, with the start and end date of each position in month / year format and explaining all employment gaps).**
- **Passport – copy of identity page(s)**
- **IELTS or OET result (only required if you have ticked (f) or (g) in section 2)**

And if applicable copies of:
- **Evidence of name change(s)**
- **Conviction notice(s)**
- **Relevant medical reports**
- **Disciplinary findings/decisions**

### Information required if you also intend to apply for a practising certificate (Optional)

### SECTION 8 – Employment

#### (a) Proposed employment in New Zealand

- **Place of work**
- **Contact person**
- **Proposed length of employment From / / to / /**

#### (b) Additional documents required if you were previously registered in a provisional scope of practice.

- **A job offer**

Plus if you were previously registered in the **provisional general** scope:
- **REG3 form**

Plus if you were previously registered in a **provisional vocational** scope:
- **REG7 form**

- **position description**

If you have not held a New Zealand practising certificate within the previous 3 years, there will be additional documentary information required. Please read the [policy on practising certificate applications for doctors who have not held a New Zealand practising certificate or lawfully practised medicine within the previous 3 years](#).