



Te Kaunihera
Rata o
Aotearoa

**Medical
Council of
New Zealand**

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APC2 : Practice intentions

To be completed by doctors applying for a PC to return to work after an absence of three or more years

PLEASE READ THE FOLLOWING. IT CONTAINS IMPORTANT INFORMATION.

- In accordance with the Health Practitioners Competence Assurance Act 2003 the Registrar must refer to Council any application for a practising certificate from a doctor who has not practised medicine in the previous three years.
 - If the application is approved, conditions will be placed on the doctor's scope of practice which will require the doctor to work in an agreed position under supervision for a period of time.
- Applications are considered on a case by case basis. To assist in the decision making please complete all sections of this form and return it with your application for your practising certificate

SECTION 1 – Registration details

Registration number	
Name	
Previous position - please also attach a detailed CV	
Last date of medical practice	
Reason(s) for not practising	
Continuing medical education - please provide details of what, if any CME you have done to maintain your medical skills and knowledge since you stopped medical practice	

SECTION 2 – Proposed employment

Proposed workplace	
Proposed work role - eg GP, house officer	
Proposed scope of practice - eg general practice, rotating runs, general surgery	
Duration of employment - minimum of six months	
Hours of work	
Proposed supervisor - must be registered in the same vocational scope as you will work in	

Proposed CME - eg recertification, vocational training	
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SECTION 3 – Practice profile (complete this section only if you are working as a general practitioner)

Details of all general practitioners working in the practice		
MCNZ Number	Name	Registration Status, ie <ul style="list-style-type: none"> • vocational • general • provisional vocational • provisional general

After hours/on call arrangements:

Supervision arrangements while principal supervisor is on leave or not available:

SECTION 4 – Attachments (to be provided by employer)

Induction plan (which must include time [up to one week] to be spent as an observer in the practice)

Supervision plan

SECTION 5 – Supervisor’s declaration

- I am familiar with the attached supervision and induction plans, and have read the Council’s booklet “*Orientation Induction and Supervision (Jan 2011)*” and I understand what is required of me.
- I agree to supervise the above named doctor and to report promptly to the Medical Council when asked to do so.

Supervisor’s
signature

Date / /

Print name

MCNZ
number

Supervisor’s email address: