



REG6: Application for restoration to the New Zealand medical register

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. Incomplete applications WILL NOT be processed.
- The information on this form is to enable Council to consider whether you may be registered 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 also 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 - Personal identification details

(i) **Name** - Show given names from your passport or birth certificate, unless your name has been legally changed (eg, by deed poll)

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 box to show reason.

marriage deed poll common use other (explain)

(ii) **Identification**

Date of birth (day, month, year)
/ /

Gender Male Female

(iii) **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. Please nominate the address you want as your registered address. All communications will be sent to your registered address. You may not use more than one address as your registered address. Please make sure you clearly print in BLOCK letters in full. Your phone/fax/email details are not public information and will not be released or published.

Postal address (tick for registered address)

<input checked="" type="checkbox"/> Residential address (if differs from above) <input type="checkbox"/> (tick for registered address)	
<input checked="" type="checkbox"/> Work address <input type="checkbox"/> (tick for registered address)	
Phone Number	
Fax Number	
Other (mobile/locator)	
Email	

(iv) Qualification - PRIMARY qualification obtained on completion of a primary medical degree course.

Name of primary medical qualification	<input checked="" type="checkbox"/> Abbreviation
<input checked="" type="checkbox"/> Year graduated	<input checked="" type="checkbox"/> Graduating university

(v) Registration history in New Zealand

Have you been registered with the Medical Council of New Zealand before?

Yes Please continue.

Registration type:	General <input type="checkbox"/>	Vocational <input type="checkbox"/>	Branch <input type="checkbox"/>	
	Provisional general <input type="checkbox"/>	Provisional vocational <input type="checkbox"/>	Branch <input type="checkbox"/>	

Registration number _____

Date last practised in New Zealand / /

No Your application cannot proceed

SECTION 2 – Fitness for registration

This information is required (Section 16 of HPCAA) to ensure that no person is registered as a doctor in New Zealand whose previous or current competence, health or conduct may risk public health or safety.

(i) English communication and comprehension

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

- (a) Did you complete your primary medical qualification in New Zealand? Yes
- (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, Canada or a South African medical school where English is the sole language of instruction? Yes
- (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. Yes
- (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. Yes
- (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. Yes
- (f) Have you passed the Academic Module of the International English Language Testing System (IELTS) by achieving a minimum of the following within the same result (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand):
Yes
- Speaking 7.5
 - Listening 7.5
 - Writing 7.0
 - Reading 7.0
- (g) Have you passed the Medical Module of the Occupational English Test (OET) by achieving a minimum of 'A' or 'B' in each of the four components (reading, writing, listening and speaking) within one result (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand*). Yes

(i)	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.			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please provide full details of condition(s), duration of any treatment, name and contact details of treating practitioner, involvement of university/medical school.			
If yes, can the Council's Registrar contact your treating practitioner(s) for further information? Please note that if you answer 'No' your application for registration may be delayed while advice is obtained from Council's Health Committee.		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No

(ii)	Conduct/character		
(a)	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).		
<input type="checkbox"/>	Yes (If yes, please attach relevant documents, eg a certified copy of your conviction notice(s)).	<input type="checkbox"/>	No
(b)	Professional conduct - If you answer yes to either question (i), (ii) or (iii) please provide full details on a separate sheet.		
(i)	Did you, for any reason, have any time when you were not participating in your medical degree programme for more than two months?		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(ii)	Are you now (or have you ever been) the subject of university disciplinary proceedings?		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(iii)	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?		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(iv)	Are you currently (or have you ever been) the subject of civil proceedings related to competence or negligence issues?		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

	(v)	Have you ever been refused medical indemnity insurance cover or had your premiums raised because of professional conduct, competence or negligence related claims?		
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(vi)	Have you ever breached any code of ethics relating to boundary issues regarding patient relationships?		
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(vii)	Are you currently (or have you ever been) the subject of an order of any of the following:		
		New Zealand Health Practitioners Disciplinary Tribunal?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
		Overseas medical disciplinary tribunal or similar tribunal?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
		Medical Council of New Zealand or similar registration authority overseas?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
(iii)	Professional competence- If you answer yes to any of the following questions please provide full details on a separate sheet.			
	(i)	Are you currently (or have you ever been) the subject of a competence enquiry with a registration authority or employer?		
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(ii)	Have you ever had your employment as a doctor terminated on the grounds of poor performance or had your practising privileges restricted?		
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(iii)	Have you ever had your medical licence, certificate of registration or permit to practise medicine suspended, restricted or revoked?		
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(iv)	Have you ever voluntarily surrendered your medical licence, certificate or registration or permit to practise medicine for any reason other than avoidance of a renewal fee?		
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(v)	Have you ever had conditions imposed on your registration?		
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(vi)	Have you ever had conditions imposed on your licence/practising certificate or equivalent?		
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(vii)	Have you ever been refused a licence/practising certificate or equivalent?		
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

SECTION 3 – Work History

(ii) Please provide details of your work history below since last 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.

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Registration authority	Country	If fewer than 30hrs/w, state average hours worked per week
<i>Eg mm/yy – mm/yy</i>	<i>House officer</i>	<i>Internal medicine</i>	<i>Hospital X</i>	<i>Council of X</i>	<i>XXX</i>	<i>FT</i>

SECTION 4 – Employment and declaration

Proposed employment in New Zealand - Please attach letter of appointment.

Place of work _____

Contact person _____

Proposed length of employment From / / to / /

I have notified my NZ employer of any disclosures made within section 2 (ii & iii) with regards to conduct/character and professional competence.

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 _____

SECTION 5 – 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 **incomplete applications will not be processed.**

- | | | | | |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Application form, all sections completed | <input type="checkbox"/> | Evidence of continuing medical education | |
| <input type="checkbox"/> | Letter of appointment | <input type="checkbox"/> | Current curriculum vitae | |
| <input type="checkbox"/> | Original Certificate(s) of Professional Status (Good Standing) (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 COPs must be dated within 3 months of the start date of your employment in New Zealand. | <input type="checkbox"/> | Three recent references from senior medical colleagues familiar with your current clinical practice (refer to RP9 referee report form) | |
| <input type="checkbox"/> | CDP8 Form or CPD7 Form | OR | <input type="checkbox"/> | REG3 form and supervision plan (only required for provisional general applicants) |
| <input type="checkbox"/> | Passport – copy of identity page(s) | <input type="checkbox"/> | <input type="checkbox"/> | IELTS result (only if required to meet English language requirement – see section 2 of REG1 form) |

And if applicable **certified copies** of:

Evidence of name change(s)

Conviction notice(s)

Relevant medical reports

Disciplinary findings/decisions

If you have an approved Australasian post-graduate qualification and you are applying for restoration in a vocational scope:

Evidence that you are in good standing with your branch advisory body

Evidence that you have rejoined your branch advisory body recertification programme

SECTION 8 - Application Fee (Non-refundable)

For a current list of Medical Council fees please see [here](#).

Credit card: Once your application has been received payment details will be emailed to the email address you have provided on this form.

For office use only:

Applicant's name:

Reference/registration No:

Workflow ID: