



REG1: Application for registration in New Zealand

Part B: This form is to be accompanied by Part A [checklist] and all documents required on checklist

PLEASE READ THE FOLLOWING. IT CONTAINS IMPORTANT INFORMATION.

- All sections of this form must be completed along with the applicant documents listed in the relevant checklist before **sending it to your employer or agent** who will complete the application and send it to the Council office.
- The information on this form is to enable the Council to consider your eligibility for registration. If your application is approved and you are registered, items marked with ⚠ will appear on the medical register.
- The medical register is a public document. It 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 address to appear in the medical register you must notify the Council in writing.
- Items marked ⚠, and those marked ⚠⚠ will be made available to the Ministry of Health under a data provision agreement for the purposes of the Health Practitioners Index.
- This application will be considered under the Health Practitioners Competence Assurance Act 2003 (or HPCAA), and associated Medical Council of New Zealand policies.

SECTION 1 – Personal identification and contact 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 and passport, please tick box to show reason and provide certified documentation as evidence of the name change.

marriage

deed
poll

common use

other (explain)

(ii) Identification – This information may be disclosed to overseas registration authorities to verify your identity.

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

⚠⚠ Gender

Male

Female

Gender diverse

(iii) Contact details – All written communications will be sent to your contact address. Please print clearly in BLOCK letters.

Contact address

Email address

Phone

Fax

Other (mobile)

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 who has not met the required standards of effective communication or English competency, or whose previous or current health or conduct may pose a risk to public health and 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 registration unless you meet **one** of the following requirements (listed from a-h):

- a. You have completed your primary medical qualification in New Zealand. Yes
- b. English is your first language **and** you have been awarded 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. You have worked 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. Yes
This must include:
- i. a period of 6 months continuous work at one workplace; **or** Yes
 - ii. completion of a recognised formal vocational training programme¹ in Australia, the United Kingdom, the Republic of Ireland, the United States, Canada, or South Africa; **or**
 - iii. participation in a recognised formal vocational training programme¹ in Australia, the United Kingdom, the Republic of Ireland, the United States, Canada, or South Africa for a period of 6 months; **and**
 - iv. you have provided details of two 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 directly by the Council, or by an employer or recruitment agent. Yes
- d. You have passed the Academic Module of the International English Language Testing System (IELTS) by achieving a minimum score in the following components within one result (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand²): Yes
- Speaking 7.0
 - Listening 7.0
 - Writing 7.0
 - Reading 7.0
- e. You have 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 (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand²). Yes
- f. You have 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** you have 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
- g. You were registered with the Medical Council of New Zealand on or after 18 September 2004 and your registration was 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** you have 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
- h. You have passed the New Zealand Registration Examination (NZREX Clinical) in the last 5 years; and are applying for registration via the Examinations pathway. Yes

¹Recognised formal vocational training programmes are: Fellowship of one of the Australian or Australasian medical colleges in Australia; the Membership or Fellowship of a Royal College in the United Kingdom or Ireland accompanied by a Certificate of Completion of Training in the United Kingdom or Completion of Specialist Training in Ireland; Fellowship of the Royal College of Physicians and Surgeons of Canada accompanied by a Specialist Certificate; the Certificate of the American Boards in the United States of America; and Fellowship of a Medical College in South Africa.

(ii) 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 No, please go to question (iii) below.)

If yes, please provide full details of condition(s), duration of any treatment, name and contact details of treating practitioner(s), involvement of university/medical school. If information is not provided, a Council staff member will contact you.

If yes, can Council staff contact your treating practitioner(s) for further information?

Yes

No

If information about your condition(s) has not been provided or you answer 'No', your application for registration may be delayed.

(iii) Conduct/character

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, eg a copy of your conviction notice(s)).

No

Professional conduct – If you answer yes to any of the questions below, please provide the following with your application:

- a description of event(s) on a separate sheet (include claimant's name, date of incident, place of incident, date of claim and incident summary, outcome and date of outcome)
- any documentation available (court documents, legal correspondence, correspondence from your insurance company, correspondence from the university or regulatory authority(ies))
- certificates of professional status from any jurisdiction(s) where the investigation(s) or proceeding(s) occurred (even if this was more than 5 years ago).

(a) 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

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

Yes

No

(c) 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

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

Yes

No

(e) 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

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

Yes

No

(g) Are you currently (or have you ever been) the subject of an order of any of the following (relating to conduct):

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 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 |

(iv) **Professional competence** – If you answer yes to any of the questions below, please provide the following with your application:

- a description of event(s) on a separate sheet (date of incident, place of incident, incident summary, outcome and date of outcome)
- any documentation available (court documents, legal correspondence, correspondence from your insurance company, correspondence from the regulatory authority(ies))
- certificates of professional status from any jurisdiction(s) where the investigation or proceedings occurred (even if this was more than 5 years ago).

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

Yes No

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

Yes No

(c) Have you ever had your medical licence, certificate of registration or permit to practise medicine suspended, restricted or revoked?

Yes No

(d) 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?

Yes No

(e) Have you ever had conditions imposed on your registration?

Yes No

(f) Have you ever had conditions imposed on your licence/practising certificate or equivalent?

Yes No

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

Yes No

SECTION 3 – Registration history

Please give details of medical registration/licensure in other jurisdiction(s). If your application is approved, Council will require original certificates of professional status (COPS) from each jurisdiction you have worked in for the last 5 years before you can start work. If you have not made a disclosure above, these do not need to be submitted with your application for registration. To be current, your COPS(s) must be dated within 3 months of the date you start your employment in New Zealand.

Country/State	Period registered (from-to)	Registration status

SECTION 5 – Professional referees

Please provide details of three referees the Council can contact for information on your fitness for registration and competence to practise medicine.

(i)	Title and name	_____		
	Address	_____		
	Relationship to you	_____		
	Dates worked together	From:	To:	
	First language of referee	_____		
	Phone	Fax	Email	

(ii)	Title and name	_____		
	Address	_____		
	Relationship to you	_____		
	Dates worked together	From:	To:	
	First language of referee	_____		
	Phone	Fax	Email	

(iii)	Title and name	_____		
	Address	_____		
	Relationship to you	_____		
	Dates worked together	From:	To:	
	First language of referee	_____		
	Phone	Fax	Email	

SECTION 6 – Employment

You must have an offer of employment before you can apply for registration. Please provide the details of your employment.

Place of work _____

Area(s) of medicine _____

Level of appointment _____

Contact person _____

Proposed length of employment/contract From: / / To: / /

SECTION 7 – 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 2020) to another agency(ies), if the Council believes on reasonable grounds that the disclosure is necessary (eg employers, New Zealand Immigration Service, medical colleges, etc).
- I authorise Council to disclose information to the Education Commission of Foreign Medical Graduates (ECFMG) for the purposes of completing the primary-source verification process with the Electronic Portfolio of International Credentials (EPIC).
- 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 _____