



COS2: Application to vary annual practising certificate

Provisional vocational scope

SECTION 1 - IMPORTANT INFORMATION

- Please use this form to apply to Council for a change in employment, work location or supervision arrangements while you are registered in a provisional vocational scope of practice. This will take up to **20 working days** to process upon receipt of a complete application.
- Council approval must be given before commencing in a different position or supervision arrangement. Commencing work before approval has been granted is considered a breach of your professional obligations as a medical practitioner. The time worked in breach will not be counted towards your requirements for vocational registration. You must wait until the requested changes are approved and endorsed on your practising certificate. Your practising certificate will **not** be back dated.
- For doctors on the assessment pathway, you are required to have onsite supervision from a doctor registered in the same vocational scope as you, at each location.
- We require up to date supervision reports to be provided through our online portal.
- Please have sections 2 to 6 completed and forward the form to the Council's office. If you are registered under the provisional vocational assessment pathway, Council will request the advice of the relevant medical college on the suitability of your proposed changes. If a delegate of the Chief Medical Officer (CMO) / practice principal signs section 6, Council will need written confirmation of the delegation directly from the CMO / practice principal.
- A **non-refundable** fee applies if changing employer/supervisor.

SECTION 2 – DOCUMENTS MUST BE PROVIDED

Please complete this form and tick the documents you have enclosed:

- A cover letter clearly outlining the proposed employment and supervision arrangements including the location(s)
- Copy of your job offer / letter of appointment (on employer's letterhead paper and **signed by you and your employer**)
- Updated supervision plan **signed by you and your supervisor** (if new employer and supervisor – refer to Council's supervision guidelines at <https://www.mcnz.org.nz/registration/maintain-or-renew-registration/practising-under-supervision/working-under-supervision/>)

SECTION 3 – TO BE COMPLETED BY APPLICANT

Full name(s): _____ Registration Number: _____

Change(s) requested:

Change of supervisor Change to new employment

Extension to current employment Change of work location (with current employer)

I understand that:

- The Medical Council may review my registration at any time to ensure that I am practising within my scope of practice.
- My clinical supervisor will report to the Medical Council every three months or as requested.

Signed:

Date:

SECTION 4 – TO BE COMPLETED BY CURRENT SUPERVISOR (OR PROPOSED SUPERVISOR IF SUPERVISOR IS CHANGING)

Full name(s): _____ Registration Number: _____

Current practising certificate: Yes No Position: _____

I am registered within a vocational scope: Yes No Vocational scope: _____

- I have read the Council's document *induction and supervision for newly registered doctors* and understand what is required of me.
- I agree to supervise the applicant and to complete reports at 3 monthly intervals, or as requested by the Medical Council.

Signed: _____

Date: _____

SECTION 5 – TO BE COMPLETED BY EMPLOYER (OR PROPOSED EMPLOYER IF EMPLOYER IS CHANGING). DATES MUST MATCH THOSE LISTED IN THE JOB OFFER

Position appointed to: _____ Vocational Scope of practice: _____

Employer: _____

Site location(s): _____

Position: Full time Part time

Hours per week: _____

Proposed start date of change: _____ / _____ / _____
day month year

Proposed end date of change: _____ / _____ / _____
day month year

Printed name of person signing: _____

Position: _____

Signed: _____

Date: _____

SECTION 6 – TO BE COMPLETED BY THE CHIEF MEDICAL OFFICER (CMO) OR PRACTICE PRINCIPAL

- In the DHB environment, the signature of the CMO/CMA or their delegate is required. In the primary care environment, the signature of the practice manager/practice principal or their delegate is required.
- Written confirmation of the delegation must be sent to the Council office before an application is approved.
- I agree to the proposed supervision and induction plan and accept responsibility for ensuring the plan attached is implemented.

- **This section does not need to be completed if the only change is a change of supervisor.**

**Printed name of
person signing:**

Position:

Signed:

Date:

SECTION 7 – FEES

Council staff will send a payment link on receipt of your application. For a current list of Medical Council fees please visit our website [here](#).