



# Verification of recertification requirements for doctors working at District Health Boards as Medical Officers

CPD9  
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## IMPORTANT INFORMATION

- This form is to be provided to the Medical Council of New Zealand (the Council) for the purposes of meeting recertification requirements for doctors registered in a general scope of practice. It is required of doctors who work at a District Health Board (DHB) as a Medical Officer and who meet all the criteria set in section 2 of this form.
- This form must be signed off by the Chief Medical Officer (CMO).
- Please ensure that this form is sent to the Council accompanied by the completed application for a practising certificate (APC1 form).
- If this form is not completed and returned to the Medical Council with the practising certificate (APC1 form) by the expiry of the applicant's practising certificate, then the applicant may be required to enroll in the approved recertification programme provided by bpac<sup>NZ</sup>.

## SECTION 1 – TO BE COMPLETED BY DOCTOR REGISTERED IN A GENERAL SCOPE OF PRACTICE

Full name of doctor: \_\_\_\_\_

Registration number: \_\_\_\_\_

### I confirm that:

- I have attached evidence of my participation in the \_\_\_\_\_ (name of College) Continuing Professional Development programme, with my APC1 practising certificate application form; and
- My Chief Medical Officer has signed this form.

Signed:

Date:

## SECTION 2 – TO BE COMPLETED BY CHIEF MEDICAL OFFICER

Full name of CMO:

CMO Registration number:

Employing DHB: \_\_\_\_\_

### I confirm that the doctor named above:

- is permanently employed as a Medical Officer with our District Health Board; and
- is employed solely in a public hospital with our District Health Board; and
- is participating in a Council accredited medical college recertification programme relevant to the area of medicine in which they work; and
- was already participating in the medical college recertification programme prior to 14 March 2012 (and provides evidence of this); and
- will undertake a credentialling process and professional development review during the next 12 months.

And I confirm that I am overseeing these processes myself.

Signed:

Date: