



## CHKL8: United Kingdom general registrants pathway

### Part A: Checklist for registration in New Zealand

- An application for registration in New Zealand consists of **(A) check list** and **(B) application form (REG1)**.
- Both parts must be completed and sent to your employer who will complete the application and send it to the Council office.
- To find out what documents you need to have primary source verified visit [this page on our website](#).
- If the application is approved by Council, you will need to provide an **original certificate of professional status** from every jurisdiction you have worked under for the previous **5 years (issued within 3 months of your employment start date in New Zealand)**.
- If you satisfy all the criteria, you will be registered within a provisional general scope of practice for at least one year before being eligible to apply for a change of scope to the General scope of practice. The full requirements are [listed on our website](#).
- Processing time for a complete application is 20 working days. There will be delays if an incomplete application is submitted. If you need help completing your application, please contact the Council office on +64 4 384 7635 or 0800 286 801 or via email to [registrationenquiry@mcnz.org.nz](mailto:registrationenquiry@mcnz.org.nz)

#### SECTION 1 – Confirmation of eligibility for registration

You must answer 'yes' to all of the questions in order to be eligible for this registration pathway.

This pathway is for doctors who have gained full general registration in the UK by passing both - Part 1 and Part 2 of the Professional and Linguistic Assessments Board (PLAB) test administered by the General Medical Council (GMC), United Kingdom.

Graduates of UK medical schools should apply via the competent authority (UK/Irish graduates) pathway.

- |                          |     |                          |    |  |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you passed Part 1 <b>and</b> Part 2 of the PLAB test within the last 5 years immediately prior to application?  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you satisfactorily completed Foundation Year 1 <b>or</b> Foundation Year 2 in the UK <b>or</b> 12 months of supervised practice in an approved practice setting in the United Kingdom ? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you hold full general registration with the GMC in the UK?  |

#### SECTION 2 – Documentation that must be provided with the application

##### To be submitted by applicant:

- |                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Part A checklist completed  | <input type="checkbox"/> | Copies of transcripts showing you have passed Part 1 and Part 2 of the PLAB test   |
| <input type="checkbox"/> | Part B REG1 application form completed  | <input type="checkbox"/> | Copy of identity detail page from your passport(s)   |
| <input type="checkbox"/> | If you have made a competence or conduct disclosure: <ul style="list-style-type: none"> <li>• certificates of professional status (good standing) from any jurisdiction(s) where the investigation(s) or proceedings occurred (even if this was more than 5 years ago)</li> </ul> | <input type="checkbox"/> | Current curriculum vitae: <ul style="list-style-type: none"> <li>• provide employment information in chronological order by month and year</li> <li>• explain any employment gaps of 3 months or more</li> <li>• clearly identify any periods worked for less than 30 hours a week as part-time</li> </ul> |
| <input type="checkbox"/> | Copy of Certificate of Experience if you completed Foundation Year 1.   | <input type="checkbox"/> | IELTS or OET result (only required to meet English language requirement) – see section 2 of the REG1 form.   |
| <input type="checkbox"/> | Copy of Foundation Programme Certificate of Completion if you completed Foundation Year 2 Standalone  | <input type="checkbox"/> | Copy of email from the GMC confirming the requirement to work in an approved practice setting (APS) has been lifted, if you completed 12 months of supervised practice in an APS in the UK.  |

Before submitting your application for registration you must submit your required documents to EPIC for primary source verification [\(see this link for what documents must be verified\)](#). As you upload each document to EPIC, please ensure you select the Medical Council of New Zealand to receive a notification that the document has been submitted for verification. If you have already had your documents verified by EPIC, please make the report available to the Medical Council of New Zealand.

EPIC ID Number: C-\_\_\_\_\_

And, if applicable, copies of:

- |   |   |
|---|---|
| <input type="checkbox"/> Evidence of name change(s) – i.e. marriage certificate, deed poll, affidavit, or statutory declaration | <input type="checkbox"/> Conviction notice(s)   |
| <input type="checkbox"/> Relevant medical reports   | <input type="checkbox"/> Disciplinary decisions, explanation of event(s), relevant correspondence, court documentation, certificates of good standing |

**To be submitted by proposed employer**

- |  |   |
|--|---|
| <input type="checkbox"/> Letter of appointment                           | <input type="checkbox"/> Three recent references that have been verified. References must be:   |
| <input type="checkbox"/> Form REG3 – approval of position and supervisor | <ul style="list-style-type: none"> <li>• completed using Council’s referee report form (<a href="#">RP6</a> <a href="#">RP9</a> form)</li> <li>• from senior medical colleagues familiar with the applicant’s practice within the 3 years immediately prior to application</li> <li>• signed within 6 months of Council receiving the application</li> <li>• at least one reference must be from the applicant’s most recent place of employment</li> </ul> |
| <input type="checkbox"/> Supervision, orientation and induction plan     |   |

**SECTION 3 – Signature of applicant**

Applicant’s signature	Date
Print name	

**SECTION 4 – Signature of employer or applicant’s nominated agent**

- I confirm that all information relevant to the question of registration collected and retained by the applicant and/or the applicant’s nominated agent has been disclosed to the Medical Council of New Zealand (Council).
- I further confirm that should any information that may be relevant to the question of registration come into the possession of the applicant and/or the applicant’s nominated agent, such information will be disclosed to Council as soon as is practicable.
- I consent to the disclosure of relevant information to agencies outside Council where such disclosure is necessary in the Council’s opinion to safeguard the health and safety of the public.

Employer and/or applicant’s nominated agent	Date
Print name	