



NZREX1: NZREX Clinical Application

New Candidates

The requirements for NZREX Clinical are detailed on the Medical Council of New Zealand's (Council's) website at www.mcnz.org.nz. This form is to be completed by candidates who are applying to sit NZREX Clinical for the first time. If you are a repeat candidate, please complete *NZREX4 NZREX Clinical Application Repeat Candidates*. This form can be downloaded from Council's website.

A complete application for new NZREX Clinical candidates consists of:

- **NZREX1** NZREX Clinical Application New Candidates form with all sections completed and documentation attached
- **NZREX3** NZREX Clinical Application Checklist to confirm that you have provided all the necessary documentation.

Incomplete applications will not be processed.

You will receive email confirmation advising that your application has been received within 5 working days of your application arriving at Council's office.

SECTION 1 – PERSONAL IDENTIFICATION DETAILS

Name - Show given names from your passport or birth certificate, unless your name has been legally changed (e.g., by deed poll)

Family name/last name _____

Given names /first name(s) _____

Other names (unmarried name, name change, alias etc) _____

If your name on your documents is different to the name that appears on your passport, please tick the appropriate box below to show the reason and provide certified documentation as evidence of the name change.

<input type="checkbox"/> Marriage	<input type="checkbox"/> deed poll	<input type="checkbox"/> common use	<input type="checkbox"/> other (explain)
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Date of birth (day, month, year) / /

Gender ☐ Male ☐ Female ☐ Gender diverse

Contact details – Please print clearly

Contact (postal) address	_____	Phone (home)	_____
	_____	Phone (work)	_____
	_____	Mobile	_____
Email address	_____		

Verification of identity – Please include a scanned colour passport size photograph on an A4 sheet of paper. Your photograph must be:

- Taken in the last 4 months.
- Endorsed as a true likeness of the NZREX Clinical candidate by a witness. Below the photograph, the witness must add their signature and the date, to confirm it is a true likeness .
- The witness must not be another applicant, previous candidate, or relative of the applicant, and may not live at the same address as the applicant.

I _____	of	_____
(full name of witness)		(address)
certify that the attached photographs are a true likeness of _____		
(full name of applicant)		(signature of witness and date)

SECTION 2 – MEDICAL QUALIFICATIONS

Medical qualifications – Please list all medical qualifications.

Qualification	Country	Date conferred	Conferring institution (university or medical college)

SECTION 3 – MEDICAL TRAINING, WORK EXPERIENCE, AND REGISTRATION HISTORY

List all employment/appointments since you completed your primary medical qualification. List them in chronological order and state the **month and year** each started and ended. List any gaps if applicable. Continue on a separate sheet if necessary.

Start date	End date	Level of appointment	Branch of medicine	Employer	Registration authority	Country
<i>mm/yy</i>	<i>mm/yy</i>					

SECTION 4 – ELIGIBILITY TO SIT NZREX CLINICAL

English communication and comprehension

All applicants for NZREX Clinical must satisfy Council that they are able to comprehend and communicate effectively in English by meeting one of the requirements listed below. Tick the box below that applies. You are not eligible to sit NZREX Clinical unless you are able to meet **one** of the requirements.

- (a) Do you: Yes ☐
- Speak English as a first language **and**
- Have an acceptable primary medical qualification from New Zealand, Australia, the United Kingdom, the Republic of Ireland, the United States, or a Canadian or South African medical school where English is the sole language of instruction of that medical school?
- (b) 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 5 years immediately prior to application **and** Yes ☐
- 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. Referees will be contacted for confirmation directly by the Council.
- (c) Have you 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, which must include: Yes ☐
- a. a period of 6 months continuous work at one workplace; or
- b. participation in a recognised formal vocational training programme* in Australia, the United Kingdom, the Republic of Ireland, the United States, Canada or South Africa for a period of 6 months; or
- c. completion of a recognised formal vocational training programme* in Australia, the United Kingdom, the Republic of Ireland, the United States, Canada or South Africa **and**
- Have you provided referees who are 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 must have worked with you for at least 6 months. Referees will be contacted for confirmation directly by the Council.
- *Recognised 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.*
- (d) 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** Yes ☐
- Have you provided references from 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.

(e) Have you passed the Academic Module of the International English Language Testing System (IELTS) by achieving a minimum of the following within one result (must be dated within 2 years of the examination date you will be sitting):

Yes ☐

Speaking 7.0
Writing 7.0

Listening 7.0
Reading 7.0

Date passed: _____

(f) Have you 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 the examination date you will be sitting)?

Yes ☐

Date passed: _____

Note 1:

Candidates who pass the NZREX Clinical will not be required to meet the English language requirements again for the purposes of registration, provided the NZREX Clinical pass is still valid (the pass is valid for 5 years of the date of the examination passed).

Note 2:

If comprehension and communication deficiencies are noted during NZREX Clinical, candidates will be required to undertake further remediation and/or testing of their ability to comprehend and communicate effectively in English before being eligible to apply to re-sit NZREX Clinical (if needing to re-sit) or to apply for registration.

SECTION 4 – ELIGIBILITY TO SIT NZREX CLINICAL (CONTINUED)

Primary medical qualification

- Does your medical school appear in the World Directory of Medical Schools? <https://search.wdoms.org/>
- If located outside of the United States or Canada, was your qualification awarded during the graduation years for which the medical school meets the eligibility requirements for ECFMG Certification, as indicated by way of the ECFMG Sponsor Note?

☐ Yes

Medical knowledge

Have you passed, within 5 years of the NZREX Clinical you wish to sit:

Please indicate which exam you have completed.

- the General Medical Council PLAB test Part 1 ☐
- the Medical Council of Canada Qualifying Examination (MCCQE) Part I ☐
- the Australian Medical Council MCQ ☐
- the United States Medical Licensing Examination (USMLE) Steps 1 and 2 Clinical Knowledge ☐

Date passed: _____

Your primary medical degree and prerequisite examination results (PLAB, MCCQE or AMC MCQ) must be primary source verified, through EPIC, **before** you submit your application to sit the NZREX Clinical.

If your prerequisite examination is the USMLE Steps 1 and 2, you must submit a transcript request through the Federation of State Medical Boards (FSMB) to release results directly to the Medical Council of New Zealand.

EPIC ID Number: C- _____

SECTION 5 – DATE TO APPEAR FOR NZREX CLINICAL

Which examination date are you applying for (please indicate based on those **available** on our website)?

Examination date: _____

Would you like to be on the waitlist for the examination prior to the one you are applying for: Yes ☐ No ☐

NOTE

Please note that:

- If you have, or have had, any mental or physical, conduct or professional competence issues these will need to be disclosed to Council at the time of applying for registration. Council reserves the right to investigate and obtain further information regarding these matters.
- You will need to satisfy all criteria for registration in New Zealand, should you pass NZREX Clinical.

SECTION 6 – DECLARATION

I understand and confirm that:

- The information I have provided is used by the Medical Council of New Zealand for the purposes of considering my application.
- The information within this application may be disclosed to the agents of the Medical Council of New Zealand.
- 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).
- The information I have provided is true and correct.
- I have read the exam rules (attached to this form) and agree to abide by them.

Applicant's signature _____ Date _____

SECTION 7 – APPLICATION FEE (NZ\$)

For information about the current application fee please refer to our website: <https://www.mcnz.org.nz/registration/forms-fees-and-checklists/fees/>

Credit card: Upon receipt of your application you will be sent a payment link (to the email address you have provided on this form) for the non-refundable application fee.

Once payment has been made, your application will be processed.

Once your application has been processed and is deemed complete, you will be allocated to an examination. At least three months before your examination, you will be emailed payment details for the examination fee. You will need to pay the fee 6 weeks before the examination you have been scheduled to sit.



**Te Kaunihera
Rata o
Aotearoa**

Medical
Council of
New Zealand

NZREX Clinical - Examination Rules

Examination misconduct

Examination misconduct will result in the candidate failing the examination and may impact on future registration should the candidate subsequently re-sit and pass the NZREX Clinical. Misconduct includes, but is not limited to:

- introduction of unauthorised material into the examination room
- obtaining, receiving, exchanging or passing on information during the examination (or attempting to), which could be examination-related, by means of talking, written papers/notes, telephone or recording examination scenarios
- attempting to solicit information about the examination from candidates from an earlier time slot
- copying from another candidate
- collusion
- disruptive behaviour during the examination
- failing to abide by the conditions of supervision designed to maintain the security of the examination
- failing to abide by the instructions or advice of an examiner or Council staff member in relation to the examination rules
- impersonation: pretending to be someone else or arranging for a third party to take the candidate's place in an examination
- misuse of examination material, for example by passing or attempting to pass such material to a third party after the examination (this includes sharing any examination scenarios or examination information in any public or private forum)
- bribing or attempting to bribe an examination official
- behaving in such a way as to undermine the integrity of the examination
- contacting or attempting to contact examiners before or after the examination for any reason.