Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

PO Box 10509
Wellington
New Zealand

+64 4384 7635
0800 286 801
physicianassociates@mcnz.org.nz
www.mcnz.org.nz

PA CHKL2: Physician Associate Provisional Scope of Practice

United States of America qualifications-based 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 (PA REG1).**
- Both parts must be completed and sent to your employer or nominated agent who will complete the application and email it to physicianassociates@mcnz.org.nz.
- If a document is not required to apply for registration or has not been specifically requested by Council, please do not include it in the application.
- Where documents must be submitted which contain third-party information or information that is not required by Council, the information must be redacted before the documents are submitted.
- 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 in a Physician Associate Provisional scope of practice for at least 12 months before being eligible to apply for a change of scope to the Physician Associate 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 physicianassociates@mcnz.org.nz.

SECTION 1 – Confirmation of eligibility for registration

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

This pathway is for physician associates who hold a qualification accredited for licensure in the United States of America for registration as a physician associate/assistant.

☐ Yes	☐ No	Do you hold a qualification accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) for state licensure as a physician associate/assistant in the United States of America?
☐ Yes	☐ No	Have you successfully completed the Physician Assistants National Certification Examination (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA); and maintained current certification with the NCCPA?
☐ Yes	☐ No	Do you hold current full registration as a physician associate/assistant with the General Medical Council, and/or with a state, provincial or territorial regulatory/licensing authority for physician associate/assistants in the United States of America or Canada?
☐ Yes	☐ No	Have you practised clinically for at least 36 months' (working at 0.5 fulltime equivalent or more) during the 5 years immediately prior to application in the United Kingdom, and/or the United States of America or Canada, in the same or similar area of clinical practice to the proposed position in New Zealand?
☐ Yes	☐ No	Have you satisfactorily completed within 12 months prior to applying for registration a Council-approved induction programme that orientates you to the New Zealand heath environment?

SECTION 2 – Documentation that must be provided with the application

To be submitted by applicant:

- ☐ Part A checklist completed
- ☐ Part B PA REG1 application form completed
- ☐ Copy of identity detail page from your passport(s)
- ☐ PA CHKL5 - practice profile(s)

❒ If you have made a competence or conduct disclosure:
- description of event(s) including date and place of incident, incident summary and outcome
- any official documentation available (conviction notices, court documents, legal correspondence, correspondence from your insurance company, correspondence from the regulatory authority(ies))
- 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)

❒ Current curriculum vitae:
- provide employment information in chronological order by month and year
- explain any employment gaps of 3 months or more
- clearly identify any periods worked for less than 30 hours a week as part-time

❒ IELTS or OET result (only required if relying on this option to meet the English language requirement – see section 2 of the PA REG1 form).

❒ Evidence of satisfactory completion of a Council-approved induction programme.

And, if applicable, copies of:

❒ Evidence of name change(s) – i.e. marriage certificate, deed poll, affidavit, or statutory declaration

❒ Relevant medical reports

Before submitting your application for registration, you must submit your required documents to Credential Verification for Health Professionals (CVHP) via ECFMG for primary source verification (see this link for what documents must be verified). As you upload each document, 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 through CVHP, please make the report available to the Medical Council of New Zealand.

CVHP ID number: _____

To be submitted by proposed employer or nominated agent

❒ Letter of appointment

❒ Position description

❒ PA REG2 form – approval of position and supervisor

❒ Supervision, orientation and induction plan

❒ Three recent references that have been verified. References must be:
- completed using Council's referee report form (RP6)
- from senior medical doctors familiar with the applicant's practice within the 3 years immediately prior to application
- signed within 6 months of Council receiving the application
- at least one reference must be from the applicant's most recent place of employment

Under the Privacy Act 2020, Council may only collect information that is necessary for us to carry out our functions. If a document is not required to apply for registration or has not been specifically requested by Council, please do not include it in the application. Where documents must be submitted which contain third-party information or information that is not required by Council, the information must be redacted before the documents are submitted.

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			