Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

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PA REG1: Application for registration in New Zealand

Part B: This form is to be accompanied by Part A [checklist] and all documents required on checklist

PLEASE READ THE FOLLOWING. IT CONTAINS IMPORTANT INFORMATION.

- All sections of this form are to be completed along with the applicant documents listed in the relevant checklist before **sending it to your employer or nominated agent** who will complete the application and email it to physicianassociates@mcnz.org.nz.
- The information on this form is to enable the Council to consider your eligibility for registration. If your application is approved and you are registered, items marked with ✪ will appear on the medical register.
- Items marked ✪, and those marked ✪✪ will be made available to the Ministry of Health under a data provision agreement for the purposes of the Health Practitioners Index.
- This application will be considered under the Health Practitioners Competence Assurance Act 2003 (or HPCAA) and associated Medical Council of New Zealand policies.

SECTION 1 – Personal identification and contact details

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

✪ Family name _____

✪ Given names _____

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

If names differ from those on your qualification and passport, please tick box to show reason and provide certified documentation as evidence of the name change.

❒ marriage ❒ deed poll ❒ common use ❒ other (explain)

(ii)	**Identification** – This information may be disclosed to overseas registration authorities to verify your identity.						
✪✪Date of birth (day, month, year) / /	✪✪Gender	Male	❒	Female	❒	Gender diverse	❒

(iii) **Contact details** – All written communications will be sent to your email address. Please print clearly in BLOCK letters.

Contact address _____

_____

_____

_____

Email address _____

Phone _____

Other (mobile)

(iv) **Qualifications** - please select an option below:

❒ Qualification approved by GMC for registration as a physician assistant/associate

❒ 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

❒ Qualification accredited by Accreditation Canada and recognised by the Physician Assistant Certification Council of Canada (PACCC)

Name of physician associate qualification ✪ Abbreviation

✪ Year graduated ✪ Graduating university Country

SECTION 2 – Fitness for registration

This information is required (Section 16 of HPCAA) to ensure that no person is registered as a physician associate in New Zealand who has not met the required standards of effective communication or English competency, or whose previous or current health, conduct or competence may pose a risk to public health and safety.

(i) **English communication and comprehension**

All applicants for registration must satisfy Council that they are able to comprehend and communicate effectively in English by meeting one of the requirements listed below. Please tick the box below that applies. You are not eligible for registration unless you meet one of the following requirements (listed from a-e):

a) English is your first language; **and** Yes ❒

i. you have successfully completed the Physician Associate Registration Assessment (PARA) or the Physician Associate National Examination (PANE); or

ii. you have successfully completed the Physician Assistants National Certification Examination (PANCE); or

iii. you have successfully completed the Physician Assistant Entry to Practice Certification Examination administered by the PACCC in English.

b) You have worked as a registered physician associate 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 a period of 6 months continuous work at one workplace **and** you have provided details of two referees who are suitable senior doctors 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 will be contacted for confirmation directly by the Council, or by an employer or recruitment agent. Yes ❒

c) You have passed the Academic Module of the International English Language Testing System (IELTS) by achieving a minimum score in the following components (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand[1]): Yes ❒

- Speaking 7.0
- Listening 7.0
- Reading 7.0
- Writing 6.5

Test results are accepted from:

- One sitting; **or**
- A maximum of two test sittings in a 12-month period only if you:
  - are tested in all four components in each sitting;
  - achieve a minimum score of 7.0 in each component for listening, reading and speaking and a minimum score of 6.5 for writing across the two sittings; and
  - when using scores from two test sittings, no score in any component from either test sitting is below 6.5.[1]

d) You have passed the Medical Module of the Occupational English Test (OET) by achieving a minimum score in the following components (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand[2]): Yes ❒

- Speaking 350
- Listening 350
- Reading 350
- Writing 300

Test results are accepted from:

- One sitting; **or**
- A maximum of two test sittings in a 12-month period only if you:
  - are tested in all four components in each sitting;
  - achieve a minimum score of 350 in each component for speaking, listening and reading and a minimum score of 300 for writing across the two sittings; and

- when using scores from two test sittings, no score in any component from either test sitting is below 300.

e) You were registered with the Medical Council of New Zealand and your registration was 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 you have provided two references from suitable senior doctors 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, or by an employer or recruitment agent. Yes ❒

[1]Council also accepts the IELTS One Skill Retake. The IELTS One Skill Retake allows eligible test takers to re-sit one component of the test within a 60-day period if all other components and certain requirements are met. Successful completion of an IELTS One Skill Retake is not considered an additional test sitting by Council; however, if you are relying on results from two test sittings and an IELTS One Skill Retake, all three of these tests must have been completed within a 12-month period.

(ii) Mental and physical condition

Have you ever been diagnosed with, or assessed as having a mental or physical condition with the capacity to affect your ability to perform the functions required to practice as a physician associate? These include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration.

❒ Yes ❒ No (If No, please go to question (iii) below.)

If yes, please provide full details of condition(s), duration of any treatment, name and contact details of treating practitioner(s), involvement of university/medical school. If information is not provided, a Council staff member will contact you.

If yes, can Council staff contact your treating practitioner(s) for further information? ❒ Yes ❒ No

If information about your condition(s) has not been provided or you answer 'No', your application for registration may be delayed.

(iii) Conduct/character

Convictions or investigations– Have you ever been the subject of a police investigation, and/or a criminal charge being laid by the police, and/or a guilty finding in a criminal proceeding including traffic offences involving alcohol or illegal substances. Disclosure is required even if the criminal proceedings resulted in discharge without conviction or a similar finding. (For New Zealand applicants, please note your rights under the Criminal Records (Clean Slate) Act 2004 before providing details of any criminal record).

❒ Yes (please attach relevant documents, e.g. a copy of your conviction notice(s)). ❒ No

Professional conduct – If you answer 'Yes' to any of the questions below, please provide the following with your application:

- a description of event(s) on a separate sheet (include claimant's name, date of incident, place of incident, date of claim and incident summary, outcome and date of outcome)
- any documentation available (court documents, legal correspondence, correspondence from your insurance company, correspondence from the university or regulatory authority(ies and any responses you provided)
- certificates of professional status from any jurisdiction(s) where the investigation(s) or proceeding(s) occurred (even if this was more than 5 years ago).

(a) Did you, for any reason, have any time when you were not participating in your physician associate degree programme for more than two months?

❒ Yes ❒ No

(b) Are you now, or have you ever been, the subject of university disciplinary proceedings?

❒ Yes ❒ No

(c) Are you currently, or have you ever been, the subject of an investigation, in New Zealand or in another country, in respect of any matter that may be the subject of professional disciplinary proceedings?

❒ Yes ❒ No

(d) Are you currently, or have you ever been, the subject of civil proceedings related to competence or negligence issues?

❒ Yes ❒ No

(e) Have you ever been refused medical indemnity insurance cover or had your premiums raised because of professional conduct, competence or negligence related claims?

❒ Yes ❒ No

(f) Have you ever breached any code of ethics relating to boundary issues regarding patient relationships?

❒ Yes ❒ No

(g) Are you currently (or have you ever been) the subject of an order of any of the following (relating to conduct):

New Zealand Health Practitioners Disciplinary Tribunal?	❒ Yes	❒ No
Overseas professional disciplinary tribunal or similar tribunal?	❒ Yes	❒ No
Medical Council of New Zealand or similar registration authority overseas?	❒ Yes	❒ No

(iv) **Professional competence –** If you answer yes to any of the questions below, please provide the following with your application:

- a description of event(s) on a separate sheet (date of incident, place of incident, incident summary, outcome and date of outcome)
- any documentation available (court documents, legal correspondence, correspondence from your insurance company, correspondence from the regulatory authority(ies)
- certificates of professional status from any jurisdiction(s) where the investigation or proceedings occurred (even if this was more than 5 years ago).

(a) Are you currently (or have you ever been) the subject of a competence inquiry with a registration authority or employer?

❒ Yes ❒ No

(b) Have you ever had your employment as a physician associate terminated on the grounds of poor performance or had your practising privileges restricted?

❒ Yes ❒ No

(c) Have you ever had your physician associate licence, certificate of registration or permit to practise suspended, restricted or revoked?

❒ Yes ❒ No

(d) Have you ever voluntarily surrendered your physician associate licence, certificate of registration or permit to practise for any reason other than avoidance of a renewal fee?

❒ Yes ❒ No

(e) Have you ever had conditions imposed on your registration?

❒ Yes ❒ No

(f) Have you ever had conditions imposed on your licence/practising certificate or equivalent?

❒ Yes ❒ No

(g) Have you ever had an application for registration declined, or been refused a licence/practising certificate or equivalent?

❒ Yes ❒ No

SECTION 3 – Registration history

Please give details of registration/licensure in other jurisdiction(s). If your application is approved, Council will require original certificates of professional status (COPS) from each jurisdiction you have worked in for the last 5 years before you can start work. If you have not made a disclosure above, these do not need to be submitted with your application for registration. To be current, your COPS(s) must be dated within 3 months of the date you start your employment in New Zealand.

Country/State	Period registered (from-to)	Registration status

(i) **Work History**

Please provide your work history below. It must be provided in chronological order beginning with your completion of your primary physician associate degree. Any employment gaps of 3 months or more must be explained. You can use more than one sheet if necessary.

Dates (from – to)	Branch of medicine	Employer	Registration authority	Country	If fewer than 30hrs/w, state average hours
Eg mm/yy – mm/yy	*General practice*	*X Medical Centre*	*Council of X*	*XXX*	*FT*

SECTION 5 – Professional referees

Please provide details of three referees the Council can contact for information on your fitness for registration and competence to practise as a physician associate.

(i)	Title and name		
	Address		
	Relationship to you		
	Dates worked together	From:	To:
	First language of referee		
	Phone	Fax	Email

(ii)	Title and name		
	Address		
	Relationship to you		
	Dates worked together	From:	To:
	First language of referee		
	Phone	Fax	Email

(iii)	Title and name		
	Address		
	Relationship to you		
	Dates worked together	From:	To:
	First language of referee		
	Phone	Fax	Email

SECTION 6 – Employment

You must have an offer of employment to work as a physician associate before you can apply for registration. Please provide the details of your employment.

Place of work		
Area(s) of medicine		
Contact person		
Proposed length of employment/contract	From: / /	To: / /

SECTION 7 – Declaration

In making the following declaration, I confirm that I am aware that Council will make a decision on my registration in reliance on the information I have provided in my application and that the provision of false, misleading, or intentionally incomplete information may result in the cancellation of my registration and other penalties. I understand this includes:

Section 146 of the HPCAA allows the Council to cancel a person's registration if satisfied that they obtained registration by making a false or misleading representation or declaration; or that they were not entitled to be registered.

Section 172 of the HPCAA makes it an offence for a person to make false or misleading declarations and representations in relation to any information that is relevant to the Council, the Health Practitioners Disciplinary Tribunal or a Professional Conduct Committee. A person may be liable on summary conviction to a fine not exceeding $10,000.

- I certify that I am the person who is applying for registration as a physician associate in New Zealand, that I am the person named in the qualifications listed on this application, and that the information I have given **above and in support of** this application is true and correct.
- I understand that the information that I have provided is to be used by the Council and its agents for the purposes of considering my application and may be disclosed to agents of the Council for these purposes.
- I understand that the information provided in this application form will be used for the purpose of performing the Council's functions under the Health Practitioners Competence Assurance Act 2003
- I authorise the Council to disclose information about me (within the provisions of the Privacy Act 2020) to another agency or agencies, if the Council believes on reasonable grounds that the disclosure is necessary (including employers, NZ Immigration Service etc).
- I understand that the Council is authorised under the HPCAA to obtain further information from me or any other person or organisation concerning this application and I consent to the collection of such information by the Council or its agents subject to the Council notifying me of the person who will be contacted and of the questions that will be asked of them. I further understand that although the provision of any information by me is voluntary, refusal to provide any information may affect the Council's consideration of my application.
- 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 Credential Verification for Health Professionals (CVHP).
- I understand that I am entitled to access the information held by the Council regarding this application by a request in writing and that I may request amendment of any information that is not correct.

Applicant's signature _____ Date _____

SECTION 8 - Fees

A non-refundable application fee applies. Please see our website for a current list of fees.