



## Application for a practising certificate for doctors registered in a provisional general, provisional vocational or special purpose locum tenens scope returning to medical practice in New Zealand (REG12)

- All sections of this form must be completed, and appropriate documentation included, before sending to the Council office.
- Please allow at least 20 working days for processing your application. 20 working days starts from the day your application is complete.
- The information on this form is to enable Council to consider whether you may be issued with a practising certificate and, if so, maintain a record of your employment and registration in New Zealand. This is personal information in terms of the Privacy Act 2020 and you may therefore apply to view it at any time and correct it if necessary.
- Items marked ⓘ will appear on the medical register. The medical register is a public document. It shows your registered scope of practice, any conditions on your scope, your practising certificate details and any suspension from the register, including conditions relating to that suspension.

### SECTION 1 – Documents required

**Checklist – ⓘ** Please use the checklist below to make sure you have completed all sections of the application form and enclosed all the documents required, as **Council is not able to process incomplete applications.**

#### All applications

- |  |  |
|--|--|
| <input type="checkbox"/> Passport – copy of identity page(s) | <input type="checkbox"/> Supervision, induction and orientation plan <sup>1</sup> .  |
| <input type="checkbox"/> Letter of appointment               | <input type="checkbox"/> A current curriculum vitae: <ul style="list-style-type: none"><li>• employment must be provided in a chronological order by month and year</li><li>• any employment gaps of 3 months or more must be explained.</li></ul> |
| <input type="checkbox"/> Position description                |  |

#### Provisional general and special purpose locum tenens scopes of practice

- ☐ Completed REG3 form – approval of position and supervisor.

#### Provisional vocational scopes of practice

- ☐ Completed REG7 form – approval of position and supervisor.

#### If you have practised overseas since last being issued a practising certificate

- ☐ **Original** certificate(s) of professional status from each regulatory authority under which you have practised during the last 5 years or since you last worked in New Zealand (whichever is shorter)<sup>2</sup>.

#### If you make a disclosure in section 4 of this form

- ☐ Information regarding any disclosure made in Section 4 of this form:
- explanation from you
  - relevant medical reports
  - conviction notice(s)
  - disciplinary/conduct/competence investigations or findings.

#### If you have changed your name since you last practised medicine in New Zealand

- ☐ Evidence (marriage certificate, deed poll or a statutory declaration signed by a solicitor) of any change in name since you were last working in New Zealand. The document must be a certified copy.

<sup>1</sup> See <https://www.mcnz.org.nz/supervision>

<sup>2</sup> See <https://www.mcnz.org.nz/cops>

If you have not practised medicine in New Zealand within the last 3 years, and you have practised medicine overseas



Three recent references (on the RP6 form), which meet Council's reference requirements<sup>3</sup>.

## SECTION 2 – Personal identification details

(i) **Name** - Show given names from your passport or birth certificate, unless your name has been legally changed

✱ Family name \_\_\_\_\_

✱ Given names \_\_\_\_\_

✱ Other names (unmarried name, name change, alias, etc) \_\_\_\_\_

If names differ from those on your medical qualifications and passport, please tick box to show reason and provide certified documentation as evidence of the name change (eg marriage certificate, deed poll or statutory declaration / affidavit).



marriage



deed poll



common use



other (explain)

(ii) **Address** - Section 140 of the Health Practitioners Competence Assurance Act 2003 (HPCAA) requires you to provide Council with a postal address and an electronic address for service. All communications will be sent to your email address. Your postal, phone and email details are not public information and will not be released/published.

Postal address

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|--|
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|  |

Phone number

Mobile number

Email

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|  |

(iii) **Registration history in New Zealand**

Registration number

Date last practised in New Zealand

\_\_\_\_\_  
/ /

<sup>3</sup> See <https://www.mcnz.org.nz/reference-requirements>

**SECTION 3 – Medical training and experience since you last worked in New Zealand**

Please explain all gaps in employment of 3 months or more

| Dates (mm/yyyy - mm/yyyy) | Area of medicine | Level of appointment | Name of hospital / general practice | Jurisdiction (ie country, state, province, territory) |
|---------------------------|------------------|----------------------|-------------------------------------|---|
|                           |                  |                      |                                     |   |
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|                           |                  |                      |                                     |   |

**SECTION 4 – Disclosure(s) relating to competence and fitness to practise**Since you were last *issued* a practising certificate in New Zealand, have you:

|              |   |     |   |
|--------------|---|-----|---|
| <b>(i)</b>   | Been subject to a formal competence inquiry or a restriction or a withdrawal of your credentials based on your performance or conduct, undertaken by an employer, complaints, licensing or professional body (other than by the Medical Council of New Zealand and excluding any college requirements for recertification or reaccreditation).  |     |   |
|              | <input type="checkbox"/>  | Yes | Include copies of relevant correspondence, findings, decisions, orders, reports, or endorsements on medical licence, registration or practising certificates. |
|              | <input type="checkbox"/>  | No  |   |
| <b>(ii)</b>  | Been subject to an adverse finding in any discipline action by an employer, complaints body, licensing body, or professional body (other than the Medical Council of New Zealand or the Health Practitioners Disciplinary Tribunal).  |     |   |
|              | <input type="checkbox"/>  | Yes | Include copies of relevant correspondence, findings, decisions, orders, reports, or endorsements on medical licence, registration or practising certificates. |
|              | <input type="checkbox"/>  | No  |   |
| <b>(iii)</b> | Been subject to 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. New Zealand applicants, please note your rights under the Criminal Records (Clean Slate) Act 2004 before providing details of any criminal record. |     |   |
|              | <input type="checkbox"/>  | Yes | Include relevant documents, eg a certified copy of your conviction notice(s).   |
|              | <input type="checkbox"/>  | No  |   |

|      |  |     |  |
|------|--|-----|--|
| (iv) | Been affected by, diagnosed with, or assessed as having, a medical or physical condition with the capacity to affect your ability to perform the functions required for the <i>current</i> or future practice of medicine? These include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration. |     |  |
|      | <input type="checkbox"/>   | Yes | <p>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.</p> <p>Can Council staff contact your treating practitioner(s) for further information?</p> <p> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </p> <p>If information about your condition(s) has not been provided or you answer 'No', your application for a practising certificate may be delayed.</p> |
|      | <input type="checkbox"/>   | No  |  |

## SECTION 5 – Declaration

In making the following declaration, I confirm that I am aware that Council will make a decision on my application for a practising certificate 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 27 of the HPCAA** allows the Council to decline to issue a practising certificate if satisfied that any information included in the application is false or misleading.

**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 a practising certificate, that I am the person 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 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 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, medical colleges, etc).
- 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 \_\_\_\_\_