



Te Kaunihera  
Rata o  
Aotearoa

**Medical  
Council of  
New Zealand**

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## REG2B: Application for registration Australian graduates (Interns/PGY1)

**PLEASE READ THE FOLLOWING. IT CONTAINS IMPORTANT INFORMATION.**

### **Please read the following as it contains important information.**

- This form is only to be completed by Australian graduates who are intending to undertake their internship/PGY1 year in New Zealand.
- All sections of this form must be completed, and appropriate documentation and fee included, before sending to the Council office. Incomplete applications will not be processed.
- The information on this form is to enable Council to consider whether you may be registered and, if so, maintain a record of your employment and registration in New Zealand. This is personal information in terms of the Privacy Act 1993 and you may therefore apply to view it at any time and correct it if necessary.
- Items marked with ★ will appear on the medical register. The medical register is a public document. It also 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.
- Items marked ★★, as in addition to those marked ★★ will be made available to the Ministry of Health under a data provision agreement for the purposes of the Health Practitioners Index. If you do not wish your nominated address to appear in the medical register you must notify Council in writing.

### **SECTION 1 – Personal identification details**

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

★ Family name

★ Given names

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

If names differ from those on your medical qualifications or passport, please tick box to show reason.

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

**(ii) Identification** - Please enclose a certified copy of the relevant pages from your passport/travel documents.

★★ Date of Birth    /    /  
day    /month    / year

★★ Gender    Male ☐    Female ☐

**(iii) Address** - In accordance with section 140 of the Health Practitioners Act 2003 (HPCAA) you must provide Council with your current postal address, residential address, and work address. Your work address will automatically be designated your registered address. Your registered address is available to the public. All communications will be sent to your postal address. Please make sure you clearly print in BLOCK letters in full.

✱ Postal address

✱ Residential address *(if differs from above)*

✱ Work address ☐ as stated this will be listed as your registered address

\* Email Required:

Home Phone:

Cell phone:

**(iv) Qualification** - Primary qualification obtained on completion of a primary medical degree course.

Name of primary medical qualification

✱ Abbreviation

✱ Year graduated

✱ Graduating university

## SECTION 2 – Fitness for registration

This information is required (Section 16 of HPCAA) to ensure that no person is registered as a doctor in New Zealand who has not met the required standards of effective communication or English competency, or whose previous or current health or conduct 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 are able to meet one of the requirements.

**(a)** Did you complete your primary medical qualification in New Zealand?

☐ Yes

☐ No

**(b)** Is English your first language and do you have an acceptable primary medical qualification from Australia, the United Kingdom, the Republic of Ireland, the United States, Canada or a South African medical school where English is the sole language of instruction?

☐ Yes

☐ No

**(c)** 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 the 5 years immediately prior to application and 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.

☐ Yes

☐ No

**(d)** Have you worked continuously 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 and have you provided referees who are suitable 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 will be contacted for confirmation directly by the Council, or by an employer or recruitment agent.

☐ Yes

☐ No

- (e) 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 have you provided references from suitable 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, or by an employer or recruitment agent.
- ☐ Yes ☐ No
- (f) Have you passed the Academic Module of the International English Language Testing System (IELTS) by achieving a minimum of the following within the same result (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand):
- Speaking 7.5
  - Listening 7.5
  - Writing 7.0
  - Reading 7.0
- ☐ Yes ☐ No
- (g) Have you passed the Medical Module of the Occupational English Test (OET) by achieving a minimum of 'A' or 'B' in each of the four components (reading, writing, listening and speaking) within one result (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand).
- ☐ Yes ☐ No

**(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 for the practice of medicine? 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)

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?  
Please note that if you answer 'No' your application for registration may be delayed.

☐

Yes

☐

No

**(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 NZ applicants, please note your rights under the Criminal Records (Clean Slate) Act 2004 before providing details of any criminal record).
- (a)

☐

Yes (If yes, please attach relevant documents, eg a certified 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))
- certificates of good standing from every jurisdiction where you have worked for the previous 5 years, and from any jurisdiction(s) where the investigation(s) or proceeding(s) occurred (even if this was more than 5 years ago) if applicable.

(b)

- (i) Did you, for any reason, have any time when you were not participating in your medical degree programme for more than two months?

☐

Yes

☐

No

- (ii) Are you now, or have you ever been, the subject of university disciplinary proceedings or involved with the university's fitness to practise committee?

☐

Yes

☐

No

- (iii) 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

### SECTION 3 – Employment and declaration

**Proposed employment in New Zealand** - Please attach letter of appointment.

Place of work

Contact person

Proposed length of employment

From

/ /

to

/ /

## SECTION 4 - 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 medical practitioner 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 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 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).
- 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 5 – Documents

**Checklist – ☒** Please use the checklist below to make sure you have completed all sections of the application form and enclosed all the documents and fees required, as **incomplete applications will not be processed**.

- |   |  |
|---|--|
| <input type="checkbox"/> Letter of appointment (job offer)  | <input type="checkbox"/> Copy of identification pages from your passport |
| <input type="checkbox"/> Letter of Good Standing from Dean of School (to be issued within three months of start date in NZ)   | <input type="checkbox"/> Application fee if paying by cheque             |
| <input type="checkbox"/> <b>Before submitting your application for registration you must submit your primary medical qualification to EPIC for primary source verification. As you upload each document to EPIC, please ensure you select the Medical Council of New Zealand to receive a notification that your qualification has been submitted for verification. If you have already had your documents verified by EPIC, please make the report available to the Medical Council.</b> |  |

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

If applicable, **certified copies** of:

- |  |  |
|--|--|
| <input type="checkbox"/> Evidence of name change(s)                                      | <input type="checkbox"/> Relevant medical reports        |
| <input type="checkbox"/> Conviction notice(s)  | <input type="checkbox"/> Disciplinary findings/decisions |
| <input type="checkbox"/> An explanation of any time out of your medical degree programme | <input type="checkbox"/>                                 |

## SECTION 6 – Intern fees

For a current list of Medical Council fees please visit our [website](#).

- ☐ Credit card: Once your application has been received payment details will be emailed to the email address you have provided on this form.

**For office use only:**

Applicant's name:

Workflow ID:

Reference/registration No: