



REG6: Application for restoration to the New Zealand medical register

Email applications to: pc@mcnz.org.nz

Our website: www.mcnz.org.nz

PLEASE READ THE FOLLOWING:

- Fill in this form if you have been cancelled from the New Zealand medical register and want to be restored.
- An application for restoration to the medical register is separate to applying for a practising certificate which allows you to practise medicine in New Zealand.
- This form allows you to apply for restoration to the medical register.
- You must complete all sections of this form clearly in BLOCK letters.
- Submit your application by emailing us this form and attaching all of the required documents in Section 6. Incomplete applications will not be processed.
- Please attach each required document separately to your email.
- The information you provide will allow us to consider if you are eligible to be restored. Applications are processed within 20 working days of receipt of a complete application.
- Once your application is received we will send you a URL link to pay for your application. For a current list of Medical Council fees please visit our [website](http://www.mcnz.org.nz).
- You are able to request your personal information and correct it under the Privacy Act 2020.
- Items marked ⚠ 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 suspensions, including conditions relating to that suspension. Items marked ⚠⚠ and ⚠⚠⚠ will be made available to the Ministry of Health for the Health Practitioners Index.

SECTION 1 – REGISTRATION HISTORY IN NEW ZEALAND – You must answer ‘yes’ to the below questions to apply

Have you been registered with the Medical Council of New Zealand before?

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Yes

☐

No

Were you cancelled from the New Zealand Medical Register after 2004?

Note: If your name is on our [online register](http://www.mcnz.org.nz), this is not the correct form for you. Please contact us for more information.

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Yes

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No

For more information about eligibility see our [restoration policy](http://www.mcnz.org.nz) or contact us.

RESTORATION APPLICATION – Apply to have your name put back on the medical register

SECTION 2 - Personal identification details

(a) Registration information

What was your MCNZ registration number? _____

(b) Names: Write your given names on your passport or birth certificate, unless your name has been legally changed (eg, by deed poll, marriage)

⚠ 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 the box below to show reason.

☐

marriage

☐

deed poll

☐

common
use

☐

other (explain)

(c) Identification

☼☼ Date of birth (day/month/year) _____

☼☼ Sex

☐

Male

☐

Female

(d) Address: The Health Practitioners Competence Assurance Act 2003 (HPCAA) s140 requires you to provide us with a postal address and an electronic address for service. All communications will be sent to your email address. Your postal address will also be available on the web register unless you request your address to be confidential. Your phone/email details are not public information and will not be released or published.

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Mark my addresses as confidential

☼ Postal address

Email: _____

Phone number(s): _____

(e) Qualification

Name of primary medical qualification (received on completion of a primary medical degree course)

☼ Abbreviation

☼ Year graduated

☼ Awarding institution

SECTION 3 – Fitness for Registration

(a) English communication and comprehension

All applicants must satisfy us that they are able to comprehend and communicate effectively in English by meeting one of the requirements below. Please tick the box below that applies. You are not eligible for restoration unless you are able to meet one of these requirements.

- | | | | |
|-----|--|-----|--------------------------|
| (a) | Did you complete your primary medical qualification in New Zealand? | Yes | <input type="checkbox"/> |
| (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, Canadian or a South African medical school where English is the sole language of instruction at the medical school? | Yes | <input type="checkbox"/> |
| (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 | <input type="checkbox"/> |
| (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 | <input type="checkbox"/> |
| (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 | <input type="checkbox"/> |
| (f) | 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 your application being submitted to the Medical Council of New Zealand):
<ul style="list-style-type: none">• Speaking 7.5• Listening 7.5• Writing 7.0• Reading 7.0 | Yes | <input type="checkbox"/> |
| (g) | 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 within 2 years of your application being submitted to the Medical Council of New Zealand? | Yes | <input type="checkbox"/> |
| (h) | Have you, within the last 5 years, attained a pass in the New Zealand Clinical Examination (NZREX)? | Yes | <input type="checkbox"/> |

We must make sure that registered doctors are fit to practice and that their previous or current competence, health or conduct does not pose a risk to public health or safety.

(b) 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.

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Yes

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No

If yes, please provide full details on a separate sheet of condition(s), duration of any treatment, name and contact details of treating practitioner, involvement of university/medical school.

If yes, can Council staff contact your treating practitioner(s) for further information?
Please note that if you answer 'No' your application for restoration may be delayed.

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Yes

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No

(c) Character / conduct

- (1) 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).

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Yes (If yes, please attach relevant documents, eg a certified copy of your conviction notice(s)).

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No

- (2) Professional conduct:** If you answer yes to any of the following questions please provide full details on a separate sheet.

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

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Yes

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No

- (2.2)** Are you now (or have you ever been) the subject of university disciplinary proceedings?

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Yes

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No

- (2.3)** 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?

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Yes

☐

No

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

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Yes

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No

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

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Yes

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No

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

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Yes

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No

- (2.7)** Are you currently (or have you ever been) the subject of an order of any of the following:

New Zealand Health Practitioners Disciplinary Tribunal?

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Yes

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No

Overseas medical disciplinary tribunal or similar tribunal?

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Yes

☐

No

Medical Council of New Zealand or similar registration authority overseas?

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Yes

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No

(d) Professional competence: If you answer yes to any of the following questions please provide full details on a separate sheet.

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

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Yes

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No

- (2)** Have you ever had your employment as a doctor terminated on the grounds of poor performance or had your practising privileges restricted?

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Yes

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No

SECTION 5 – Registration/licensing history

Please list all registration/licensing bodies you have been registered or licensed with since you completed your primary medical qualification. List them in chronological order.

Full name of registering/licensing body	State/country	Date registered/licensed (from-to):		Current status
		mm/yy	mm/yy	

SECTION 6 – 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 restoration 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 may wish 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).
- 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 7 – Documents required

<input type="checkbox"/>	Application form, all sections completed		
<input type="checkbox"/>	Current curriculum vitae (showing all employment / appointments in chronological order, with the start and end date of each position in month / year format and explaining all employment gaps.	<input type="checkbox"/>	Certificate(s) of Professional Status (COPS) sent directly to MCNZ 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). The COPSs must be dated within 3 months of the start date of your employment in New Zealand.
<input type="checkbox"/>	Passport – copy of identity page(s)	<input type="checkbox"/>	IELTS or OET result (only required if you have ticked (f) or (g) in section 2)

And if applicable copies of:

<input type="checkbox"/>	Evidence of name change(s)	<input type="checkbox"/>	Conviction notice(s)
<input type="checkbox"/>	Relevant medical reports	<input type="checkbox"/>	Disciplinary findings/decisions

Information required if you also intend to apply for a practising certificate (Optional)

SECTION 8 – Employment

(a) Proposed employment in New Zealand

Place of work

Contact person

Proposed length of employment From / / to / /

(b) Additional documents required if you were previously registered in a provisional scope of practice.

<input type="checkbox"/>	A job offer		
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Plus if you were previously registered in the **provisional general** scope:

<input type="checkbox"/>	REG3 form	<input type="checkbox"/>	supervision plan (Please refer to Council's website for details)
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Plus if you were previously registered in a **provisional vocational** scope:

<input type="checkbox"/>	REG7 form	<input type="checkbox"/>	supervision plan (Please refer to Council's website for details)
<input type="checkbox"/>	position description		

If you have not held a New Zealand practising certificate within the previous 3 years, there will be additional documentary information required. Please read the [policy on practising certificate applications for doctors who have not held a New Zealand practising certificate or lawfully practised medicine within the previous 3 years](#).