



Application for registration within a vocational scope of practice

VOC1
Feb 2017

For doctors who hold the prescribed New Zealand or Australasian postgraduate medical qualification and are registered within a general scope of practice

PO Box 10 509, The Terrace, Wellington, 6143, New Zealand
Level 28 Plimmer Towers, 2-6 Gilmer Terrace, Wellington, 6011, New Zealand (for packages)
Contact: +64 4 384 7635 – 0800 286 801 – registration@mcnz.org.nz

Vocational scope of practice being applied for:

Section 1 – Personal details

Registration number:

Family name:

First name(s):

Other names (if names differ on passport and qualifications):

Reason names differ:

Marriage

Deed poll

Common use

Other (explain):

Contact details:

Postal address:

Residential address:

Postcode:

Country:

Postcode:

Country:

Work address:

Home:

Work:

Mobile:

Email:

Postcode:

Country:

Section 2 – Qualification

New Zealand or Australasian postgraduate medical qualification:

Abbreviation:

Year awarded:

Section 3 – to be completed if you are registered within a general scope of practice and have been working in New Zealand for at least the last 12 months

This section must be completed by two colleagues who are vocationally registered in the same area of medicine in which you are applying for vocational registration (one should be your collegial support person if you have one).

Referee 1:

I, Dr _____ have known the applicant in a professional capacity since _____ and testify that the applicant's competence in the branch of _____ justifies registration within a vocational scope of practice.

I am registered within the vocational scope of: _____

Signed: _____

MCNZ No: _____

Dated: _____

I hold a current APC:

Referee 2:

I, Dr _____ have known the applicant in a professional capacity since _____ and testify that the applicant's competence in the branch of _____ justifies registration within a vocational scope of practice.

I am registered within the vocational scope of: _____

Signed: _____

MCNZ No: _____

Dated: _____

I hold a current APC:

Section 4 – to be completed if you are currently working overseas or are returning from overseas

Please nominate two referees who are specialists in the same area of medicine in which you are applying for vocational registration and who have worked with you for a minimum of 3 months within the last 12 months, with at least one referee from your current workplace. We will contact your referees and provide them with a referee report form to complete.

Referee 1:

Title and name:			
Work address:			
Professional relationship to you:			
Phone:		Email:	

Referee 2:

Title and name:			
Work address:			
Professional relationship to you:			
Phone:		Email:	

Section 5 – Additional information

- We will contact your specialist training college to obtain confirmation of your postgraduate medical qualification, good standing and enrolment and participation in their recertification programme.
- If you are currently working overseas or are returning from overseas, we will require **original** certificates of professional status (good standing) from every jurisdiction in which you have worked since last working in New Zealand. Certificates of professional status (good standing) are valid for 3 months from the date of issue and are normally issued by a national or state level registration authority (usually the local equivalent of Council). In most cases, the registration authority will send the certificate of good standing directly to Council; however, you will need to request the certificate.
- If you are currently working in New Zealand, certificates of professional status (good standing) are **not** required

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 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 authorise the Council to disclose information about me (within the provisions of the Privacy Act 1993) to another agency(ies), if the Council believes on reasonable grounds that the disclosure is necessary (eg DHBs / 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.

Signature:		Date:	
------------	--	-------	--

VOC1 – Fee

A non-refundable application fee applies

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

- Credit card: Once your application has been received payment details will be emailed to the email address you have provided on this form.
- Cheque enclosed: (NZ\$), please print your full name on the back of the cheque

For office use only:

Applicant's name:
Workflow ID:

Reference/registration No: