



## VOC4: Application for registration within a provisional vocational scope of practice

For doctors who hold a Council-approved postgraduate medical qualification

### Section 1 – Scope of practice

Approved area of medicine<sup>1</sup>

### Section 2 – Personal details

Family name:

First name(s):

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

If names differ from those on your medical qualifications and passport, please select the relevant reason below and provide certified documentation as evidence of the name change.

Reason names differ:

Marriage

Deed poll

Common use

Other (explain):

Date of birth:

Day / Month / Year

Male

Female

Gender diverse

#### Contact details:

Home  
phone:

Mobile:

Work  
phone:

Email:

<sup>1</sup> The list of approved postgraduate qualifications and areas of medicine [are available on Council's website](#).

### Section 3 – Qualifications

Space is provided to list three qualifications. Continue on a separate sheet if necessary.

<b>Primary medical qualification:</b>			
Abbreviation:		Year awarded:	
Awarding institution:		Country:	
<b>Postgraduate medical qualification:</b>			
Abbreviation:		Year awarded:	
Awarding institution:		Country:	
<b>Other postgraduate medical qualification (e.g. Certificate of Completion of Training):</b>			
Abbreviation:		Year awarded:	
Awarding institution:		Country:	

### Section 4 – Training information

Did you obtain any general medical experience (e.g. rotations in medicine and surgery) before entering your specialist training programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, how many years of general medical experience did you obtain?		years	
Was your specialist training programme accredited by a national or state-level body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What was the length of your specialist training programme?		years	
Were you required to pass an examination at the beginning of your specialist training programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, was the examination overseen and assessed by a national or state-level body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you required to pass an examination at the end of your specialist training programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, was the examination overseen and assessed by a national or state-level body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did your examinations feature any of the following components?			
Clinical	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oral	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written (long & short answer questions)	<input type="checkbox"/> Yes <input type="checkbox"/> No	MCQ (multiple choice questions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you complete in-training assessments during your specialist training programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Section 5 – Employment/appointment history

Please list all employment/appointments since you complete your primary medical qualification. List them in chronological order and state the **month and year** each started and ended. List any gaps if applicable. Continue on a separate sheet if necessary.

Start date <i>mm/yy</i>	End date <i>mm/yy</i>	Level of appointment	Area of medicine	Hours worked per week	Employer	State/country

## Section 6 – Continuing professional development

Are you currently enrolled and participating in a formal continuing professional development programme?

Yes

No

If yes, what is the name of that programme?

## Section 7 – 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
		<i>mm/yy</i>	<i>mm/yy</i>	

## Section 8 – Professional referees

Please nominate three referees who are specialists in the **same area of medicine** in which you are applying for provisional vocational registration and who have worked with you for a **minimum of 6 months within the last 3 years**, with at least one referee from your current or most recent workplace<sup>2</sup>. We will contact your referees and provide them with a referee report form to complete.

### Referee 1 (from your current or most recent workplace)

Title and name:	
Place of employment:	
Professional relationship to you:	
Dates worked together:	From: <i>mm/yyyy</i> To: <i>mm/yyyy</i>
Email:	
Phone:	

### Referee 2:

Title and name:	
Place of employment:	
Professional relationship to you:	
Dates worked together:	From: To:
Email:	
Phone:	

### Referee 3:

Title and name:	
Place of employment:	
Professional relationship to you:	
Dates worked together:	From: To:
Email:	
Phone:	

<sup>2</sup> References must meet Council's policy on reference requirements [available on Council's website](#).

## Section 9 – 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 meet **one** of the following requirements (listed from a-g):

- a. You have completed your primary medical qualification in New Zealand. Yes
- b. English is your first language **and** you have been awarded 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
- c. You have worked 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. This must include: Yes
- i. a period of 6 months continuous work at one workplace; or Yes
  - ii. completion of a recognised formal vocational training programme<sup>3</sup> in Australia, the United Kingdom, the Republic of Ireland, the United States, Canada, or South Africa; or Yes
  - iii. participation in a recognised formal vocational training programme<sup>3</sup> in Australia, the United Kingdom, the Republic of Ireland, the United States, Canada, or South Africa for a period of 6 months; and Yes
  - iv. you have provided details of two referees who are suitable senior medical practitioners who speak English as a first language, and who can attest 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
- d. You have passed the Academic Module of the International English Language Testing System (IELTS) by achieving a minimum score in the following components within one result (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand ): Yes
- Speaking 7.0
  - Writing 7.0
  - Listening 7.0
  - Reading 7.0
- e. You have 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 (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand<sup>2</sup>). Yes
- f. You have 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** you have 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
- g. You were registered with the Medical Council of New Zealand on or after 18 September 2004 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 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 by the Council, or by an employer or recruitment agent. Yes
- h. You have passed the New Zealand Registration Examination (NZREX Clinical) in the last 5 years; and are applying for registration via the Examinations pathway. Yes

<sup>3</sup>Recognised formal vocational training programmes are: Fellowship of one of the Australian or Australasian medical colleges in Australia; the Membership or Fellowship of a Royal College in the United Kingdom or Ireland accompanied by a Certificate of Completion of Training in the United Kingdom or Completion of Specialist Training in Ireland; Fellowship of the Royal College of Physicians and Surgeons of Canada accompanied by a Specialist Certificate; the Certificate of the American Boards in the United States of America; and Fellowship of a Medical College in South Africa.

**(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 (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/regulatory authority. 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) Character/conduct**

**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).

Yes (If yes, please attach relevant documents, eg 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) (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 and/or correspondence from your lawyers, insurance company or regulatory authority)
- certificates of professional status (good standing) from each jurisdiction in which the investigation(s) or proceedings occurred.

(a) 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

(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 medical disciplinary tribunal or similar tribunal?  Yes  No

Medical Council of New Zealand or similar registration authority overseas?  Yes  No

## Section 10 – Professional competence

If you answer yes to any of the questions below, please provide the following with your application:

- a description of the 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)
- certificates of professional status (good standing) from each jurisdiction in which the investigation(s) or proceedings occurred.

(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 doctor terminated on the grounds of poor performance or had your practising privileges restricted?

Yes  No

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

Yes  No

(d) Have you ever voluntarily surrendered your medical licence, certificate of registration or permit to practise medicine 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 11 – Information to provide with your application

Your application needs to be submitted by emailing it to [registration@mcnz.org.nz](mailto:registration@mcnz.org.nz). Each document needs to be attached as a separate PDF document and clearly named.

- Copy of passport photo page (with the photo clearly visible).
- Evidence of name change or name variations, if names differ on passport and qualifications (e.g. certified copy of marriage certificate/divorce decree or original statutory declaration/affidavit) (if applicable).
- Qualifications – the qualifications which you rely on to gain vocational registration will need to be primary source verified by EPIC (see below). You may wish to include additional qualifications (and official English translations, if applicable) to support your application. These additional qualifications will not need to be verified through EPIC.
- Up to date curriculum vitae (CV), showing all employment/appointments in chronological order with the start and end date of each position in month/year format, and explanations of all employment gaps.
- Copy of offer of employment in New Zealand.
- Copy of position description.
- Copy of Induction, orientation and supervision plan
- Copy of [REG8](#) form (completed and signed)
- Copy of IELTS or OET results (if applicable).
- Additional information form for the vocational scope you wish to apply for.
- If you have answered ‘Yes’ to any questions in section 10 (ii) or (iii), or section 11, provide information as requested above.
- You must upload your required documents to EPIC for primary source verification *before* submitting your application for registration. You are required to upload your primary medical qualification, and your postgraduate medical qualification(s) awarded at the end of your period of specialist training.**

**As you upload each document to EPIC, please ensure you select the Medical Council of New Zealand to receive a notification that the document has been submitted for verification. If you have already had your documents verified by EPIC, please make the report available to the Medical Council of New Zealand.**

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

## Section 12 – 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 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 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 authorise the Council to disclose information about me (within the provisions of the Privacy Act 1993) to another agency or agencies, if the Council believes on reasonable grounds that the disclosure is necessary (including employers, NZ Immigration Service, or medical colleges).
- I authorise the Council to share with the relevant medical college that I have been granted registration in the provisional vocational and vocational scope of practice.
- 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.
- 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 if I am granted registration and commence practising in the provisional vocational scope of practice, I am expected to satisfy all requirements for vocational registration within 18-months of full-time equivalent practice. Under **section 142 of the HPCAA**, I request that my registration in the provisional vocational scope of practice (if granted) be cancelled 3 calendar years after it is granted.

Signature:		Date:	
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## Section 13 – Fees

**A non-refundable application fee applies.** Please see our website for a [current list of fees](#).

Once your application has been received, payment details will be emailed to the email address you have provided on this form.