



## COS5 – Application for change of scope from provisional vocational to vocational (ex-provisional)

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

- To be completed by the doctor and supervisor once the doctor has completed the requirements toward vocational registration, while registered within a provisional vocational scope of practice.
- The completed form must be submitted through Council’s online portal [myMCNZ](#) with the following (where applicable):
  - Evidence of your enrolment in the relevant medical college’s continuing professional development programme.
  - Evidence of any other assessment requirements that you needed to complete within a provisional vocational scope of practice (assessment pathway). If you are having a vocational practice assessment (VPA), we will liaise with the relevant vocational registration coordinator regarding the VPA.

**Note:** At the time of application, we require up to date supervision reports to be provided through Council’s online portal.

### SECTION 1 – To be completed by applicant

Full name: \_\_\_\_\_ Registration number: \_\_\_\_\_

I apply for registration within the vocational scope of .....under section 21 of the Health Practitioners Competence Assurance Act 2003. I have satisfactorily completed the requirements of my provisional scope of practice.

Yes  No I also hold a provisional general scope of practice and would like to apply for registration within a general scope of practice under section 21 of the Health Practitioners Competence Assurance Act 2003.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2 – To be completed by supervisor

Supervisor’s name: \_\_\_\_\_ Registration number: \_\_\_\_\_

Current practising certificate:  Yes  No

I am registered within a vocational scope:  Yes  No Vocational scope: \_\_\_\_\_

Supervision report(s) are up to date:  Yes  No

I consider that the applicant is suitable to be granted registration within a vocational scope of practice. If the applicant holds provisional general registration in the same area of medicine as their vocational scope, I consider the applicant is suitable to be granted registration within a general scope of practice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_