



Application for general scope of practice (ex-provisional)

COS4 – July 2014
Registration No:

PO Box 10 509, The Terrace, Wellington, 6143, New Zealand
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 Contact: +64 4 384 7635 – 0800 286 801 – registration@mcnz.org.nz

To be completed by the doctor and supervisor once the doctor has completed the requirements while registered within a provisional general scope of practice.

Supervisor’s report is to be attached.

SECTION ONE – To be completed by applicant

Family name: Given names:

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

Signed: Date: / /

SECTION TWO – To be completed by supervisor

Supervisor’s name: Registration number:.....

Current PC: Yes No

I am registered within a vocational scope: Yes No Vocational scope:.....

I have attached a supervision report.

I consider that the applicant is suitable to be granted registration within a general scope of practice.

Signed: Date: / /

SECTION THREE - Practice history in New Zealand – To be completed by applicant

Dates (day/month/year)	Area of medicine (eg. paediatrics)	Name of hospital/general practice