



Te Kaunihera
Rata o
Aotearoa

**Medical
Council of
New Zealand**

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0800 286 801
verification@mcnz.org.nz
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**COR : Request for certificate of registration
(Only required if you do not wish to request a Certificate of
Professional Status)**

Scan and email it to verification@mcnz.org.nz

or

Post to PO Box 10509, The Terrace, Wellington, 6143, New Zealand

Personal details:			
Medical Council registration number			
Name:	Former names:		
Date of birth:	Gender:		
Address for register - NZ or overseas. Registered address is public information:			
Postcode:			
Confirm email			
Send certificate to:			
Name of organisation:			
Email address:			
Payment: A non-refundable application fee applies.			
For a current list of Medical Council fees please visit our website .			
<input type="checkbox"/> Credit card: Once your application has been received payment details will be emailed to the email address you have provided.			
I consent to the above information being supplied.			
Doctors signature			Date