



**Te Kaunihera Rata
o Aotearoa**

Medical Council
of New Zealand

myMCNZ

User Guide

April 2022

Protecting the public, promoting good medical practice

Te taiki i te iwi whānui me te whakatairanga pai i te mahi e pā ana ki te taha rongoā

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Introduction

What is myMCNZ?

myMCNZ is a web-based system that enables doctors to view their details, change their personal details, request online documentation, and renew their practising certificate online.

Browser requirements

To use myMCNZ you must be using one of the following internet browsers:

- Google Chrome version 29
 - Mac Safari with Mac iOS X v10.8 “OS X Mountain Lion”
 - Firefox version 23
 - Safari on iOS Version 6.0 (iPad & iPad mini)
 - Mobile Stock browser on Android Version 4.3 (Tablets 10.1 to 7 Inch screens)
-

Where to get help

If you need help when using myMCNZ:

- Ring 0800 286 801 (New Zealand calls only) or +64 4 384 7635 (International) during business hours (Monday to Friday, 8:30am – 5pm).
 - Email the myMCNZ help desk at myMCNZhelp@mcnz.org.nz.
 - Send a query through the [Contact Us](#) page on our website.
-

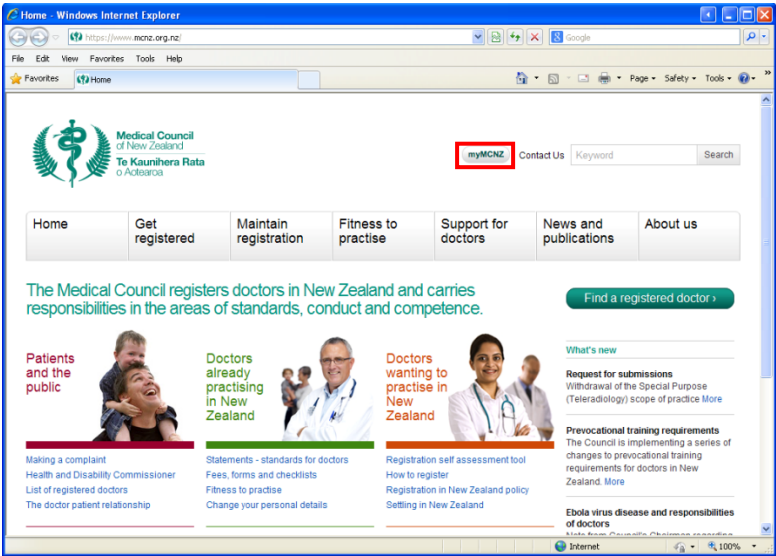
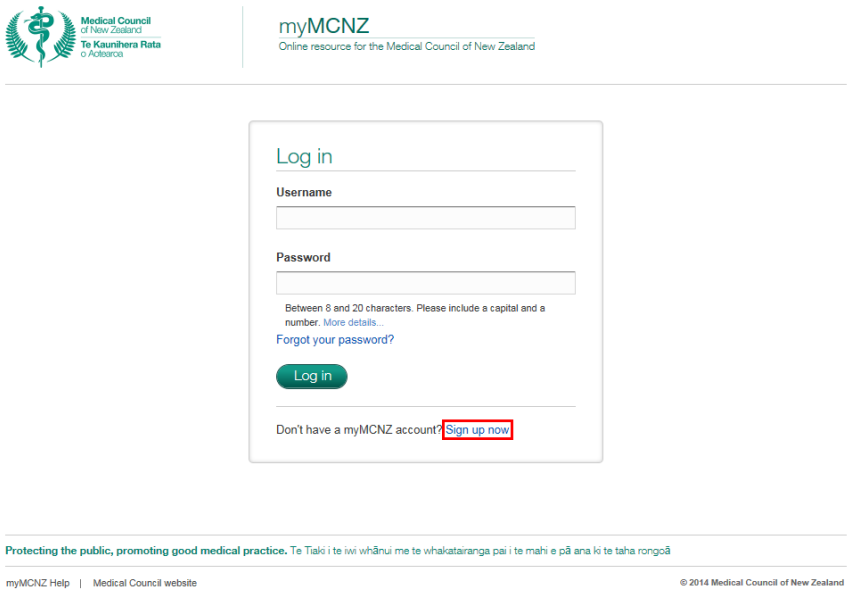
Accessing myMCNZ

Introduction

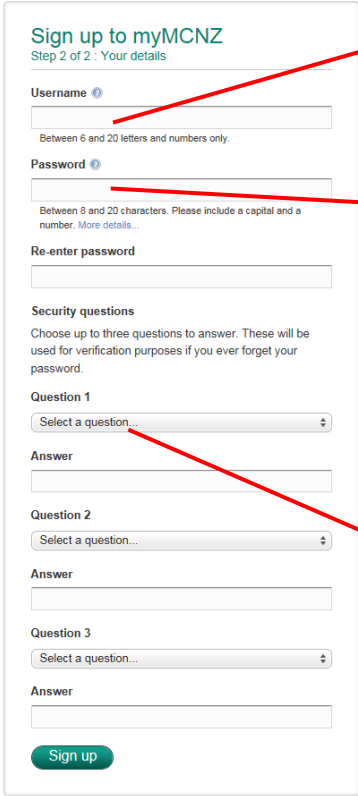
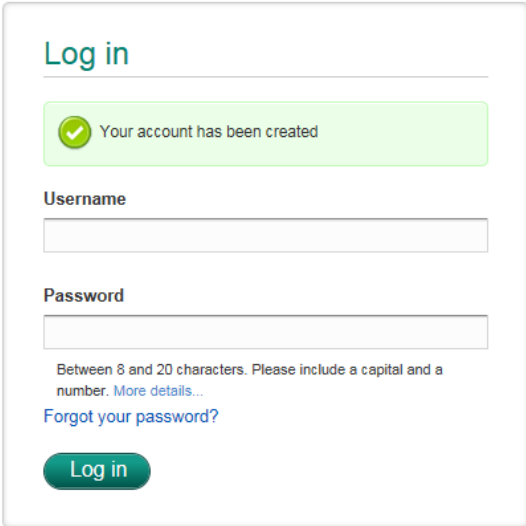
All doctors on the Medical Register will receive a letter from the Medical Council of New Zealand containing a PIN number. This is required to log in to myMCNZ for the first time.

Accessing myMCNZ for the first time

Follow the steps below to access myMCNZ for the first time:

Step	Action
1.	Open your Internet browser .
2.	Go to the Medical Council of New Zealand website: https://www.mcnz.org.nz/
3.	<p>Click on the myMCNZ button.</p>  <p>The screenshot shows the Medical Council of New Zealand website in an Internet Explorer browser window. The URL is https://www.mcnz.org.nz/. The 'myMCNZ' button is highlighted with a red box. Below the button is a search bar and a navigation menu with options: Home, Get registered, Maintain registration, Fitness to practise, Support for doctors, News and publications, and About us. The main content area features a banner about registration and several sections: Patients and the public, Doctors already practising in New Zealand, and Doctors wanting to practise in New Zealand. There are also links for 'What's new', 'Request for submissions', 'Prevocational training requirements', and 'Ebola virus disease and responsibilities of doctors'.</p>
4.	<p>The Log in page will display. Click on the Sign Up now link.</p>  <p>The screenshot shows the myMCNZ login page. The Medical Council of New Zealand logo is on the left. The myMCNZ logo and tagline 'Online resource for the Medical Council of New Zealand' are on the right. Below is a login form with fields for 'Username' and 'Password'. A 'Log in' button is at the bottom of the form. Below the form, the text 'Don't have a myMCNZ account?' is followed by a 'Sign up now' link, which is highlighted with a red box. At the bottom of the page, there is a footer with the text 'Protecting the public, promoting good medical practice. Te Tiaaki i te iwi whānui me te whakatairanga pai i te mahi e pā ana ki te taha rongoā' and '© 2014 Medical Council of New Zealand'.</p>

<p>5.</p>	<p>The Sign up – Step 1 page will display. Enter the required information in the fields provided.</p> <div data-bbox="544 309 1011 891" style="border: 1px solid #ccc; padding: 10px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;">Sign up to myMCNZ Step 1 of 2 : Verification</p> <p>MCNZ ID number </p> <input style="width: 100%;" type="text"/> <hr/> <p>Surname</p> <input style="width: 100%;" type="text"/> <hr/> <p>PIN </p> <p style="font-size: small;">If you've not received a PIN number yet, please request a PIN.</p> <input style="width: 100%;" type="text"/> <hr/> <div style="display: flex; align-items: center; justify-content: center;"> <input type="checkbox"/> I'm not a robot <div style="margin-left: 20px; text-align: right; font-size: x-small;"> reCAPTCHA Privacy - Terms </div> </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> Continue Back to login </div> </div> <div style="margin-top: 10px;"> <div style="border: 1px solid red; padding: 5px; display: inline-block; margin-right: 10px;"> This is your registration number or reference number. </div> <div style="border: 1px solid red; padding: 5px; display: inline-block; margin-right: 10px;"> This is the surname that is used in the letter or email sent to you. </div> <div style="border: 1px solid red; padding: 5px; display: inline-block; margin-right: 10px;"> This is the PIN Number that was sent to you from MCNZ. </div> <div style="border: 1px solid red; padding: 5px; display: inline-block;"> As a security measure, click on the "I'm not a robot" tick box. You may also have to select certain pictures from a group. </div> </div>
<p>6.</p>	<p>Click on the Continue button.</p> <p>Note: If you have three failed login attempts, you will need to wait 30 minutes before you can try again.</p>
<p>7.</p>	<p>The Sign Up – Step 2 page will display. Enter the required information in the fields provided.</p>

	 <div data-bbox="1011 159 1342 331" style="border: 1px solid red; padding: 5px;"> <p>Choose a username between 6 and 20 characters. This is what you will use when you login to myMCNZ in the future.</p> </div> <div data-bbox="1011 342 1342 689" style="border: 1px solid red; padding: 5px;"> <p>Your password must contain between 8 and 20 characters and meet at least three of the following rules:</p> <ul style="list-style-type: none"> • contain a lower case character(s) • contain an upper case character(s) • contain a number (s) • contain a non-alphanumeric character(s) </div> <div data-bbox="1011 701 1342 869" style="border: 1px solid red; padding: 5px;"> <p>Select at least one security question and enter an answer. This will be used for verification if you ever forget your password.</p> </div>
8.	Click on the Sign Up button.
9.	<p>Your account has been created. Enter your username and password in the fields provided.</p> 
10.	Click on the Log In button.
11.	<p>You are now logged in to myMCNZ. Your Home page will display.</p>

i To continue practising legally you must Renew Your Practising Certificate before 15/08/2014
 • View the guide to completing the Practising Certificate Renewal form (PDF)




Welcome to myMCNZ

When your practising certificate is due to expire, you can renew it here.

You can also use myMCNZ to:

- Obtain a copy of your practising certificate
- Request a certificate of good standing
- Update your profile

New feature coming soon: New registrations.

Your recent requests		
 Practising Certificate	Started: 27/08/2014	Not Started Apply >
 Practising Certificate	Started: 26/07/2013 Completed: 26/07/2013	Complete
 Practising Certificate	Started: 18/08/2012 Completed: 24/08/2012	Complete

Welcome back, Dr myMCNZ Training

You last logged in on Wednesday, 27 August 2014 at 10:29 a.m.

If you believe this is incorrect, Please [contact us](#) immediately.

Your profile

Registered address

Flat 203 Phoenix Apartments
135 Grafton Road
GRAFTON
AUCKLAND
1010
[edit](#)


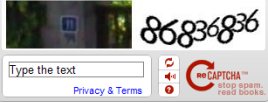
Current Employment

Specialist in Anaesthesia Auckland District Health Board
Specialist in Anaesthesia Counties Manukau District Health Board

[Contact us if the above is incorrect](#)

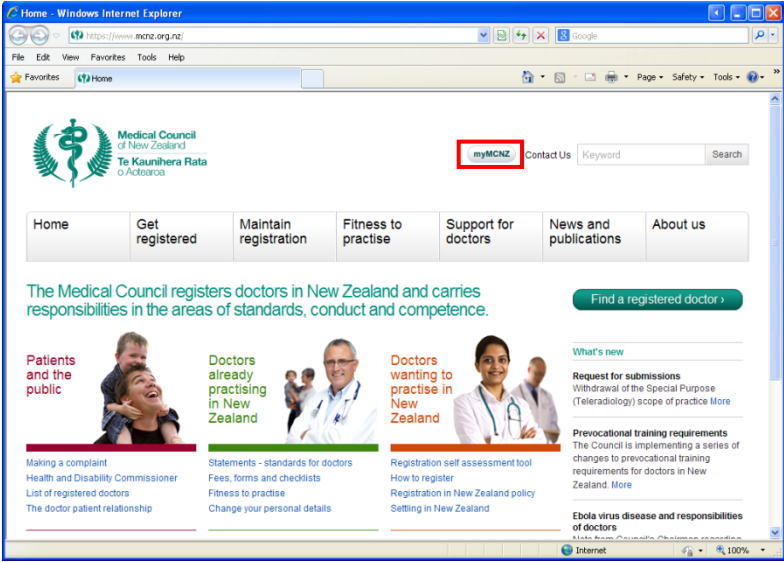
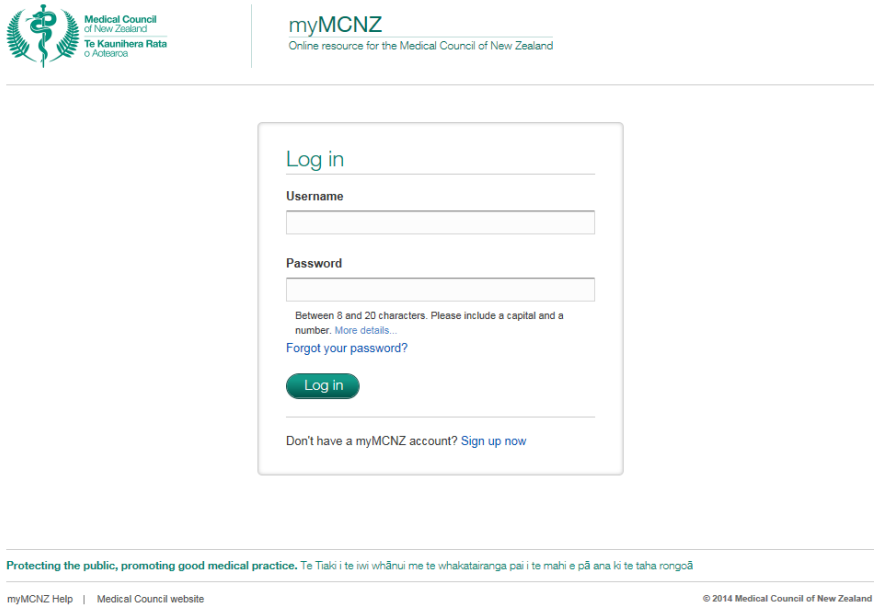
Haven't received a letter containing your PIN number?

Follow the steps below to request a PIN number:

Step	Action
1.	Open your Internet browser .
2.	Go to the Medical Council of New Zealand website: https://www.mcnz.org.nz/
3.	Click on the myMCNZ button.
4.	Click on the Sign Up link.
5.	Click on the request a PIN link. <div data-bbox="544 528 975 1066" style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p>Sign up to myMCNZ Step 1 of 2 : Verification</p> <p>MCNZ ID number <input type="text"/></p> <p>Surname <input type="text"/></p> <p>PIN <input type="text"/></p> <p>If you've not received a PIN number yet, please request a PIN.</p> <p><input type="checkbox"/> I'm not a robot  reCAPTCHA Privacy - Terms</p> <p>Continue Back to login</p> </div>
6.	This will take you to the Contact Us page, where you can send us an enquiry.
7.	Enter the required information in the fields provided. <div data-bbox="544 1249 1027 1850" style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p>Enquiry</p> <p><small>Fields denoted with an * are required and must be completed.</small></p> <p>Name * <input type="text"/></p> <p>Enquiry subject * <input type="text" value="Request a PIN"/></p> <p>MCNZ number (if applicable) <input type="text"/></p> <p>Email address * <input type="text"/></p> <p>Details * <input type="text"/></p> <p><input type="checkbox"/> Send a copy of this form to my email address</p> <p> <input type="text" value="86836836"/> Type the text <input type="text"/> <small>reCAPTCHA stop spam, read books</small></p> <p>Send enquiry</p> </div>
8.	Click on the Send enquiry button.
9.	Your request has been sent and you will hear from us when it has been processed.

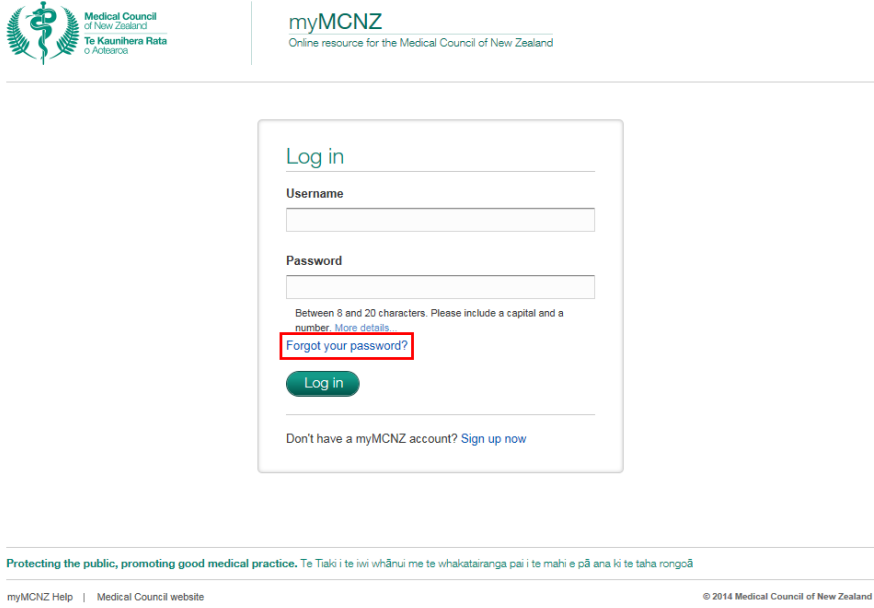
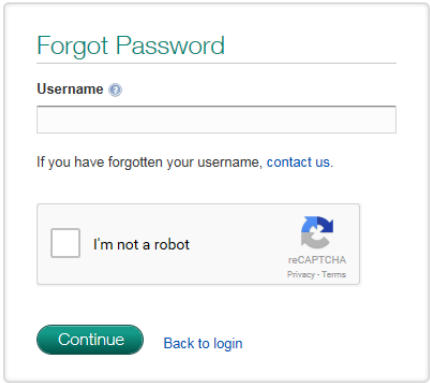
Accessing myMCNZ

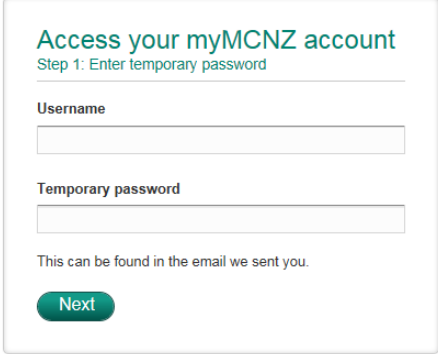
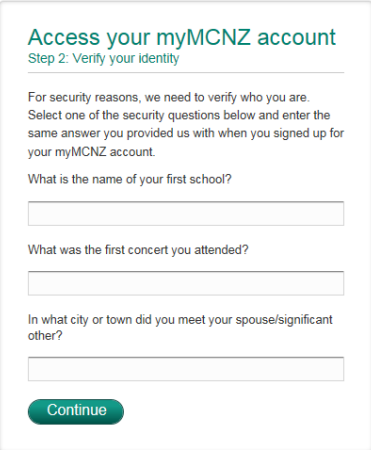
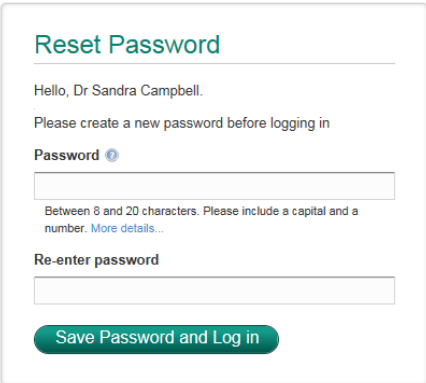
Follow the steps below to access myMCNZ:

Step	Action
1.	Open your Internet browser .
2.	Go to the Medical Council of New Zealand website: https://www.mcnz.org.nz/
3.	<p>Click on the myMCNZ button.</p>  <p>The screenshot shows the Medical Council of New Zealand website in an Internet Explorer browser. The 'myMCNZ' button is highlighted with a red rectangular box. The website header includes the Medical Council logo and navigation links like 'Home', 'Get registered', 'Maintain registration', etc. Below the header, there are sections for 'Patients and the public', 'Doctors already practising in New Zealand', and 'Doctors wanting to practise in New Zealand'. A search bar is visible in the top right corner.</p>
4.	<p>Enter your username and password in the fields provided.</p>  <p>The screenshot shows the myMCNZ login page. It features the Medical Council logo and the text 'myMCNZ Online resource for the Medical Council of New Zealand'. The main content is a login form with a 'Log in' heading, a 'Username' input field, and a 'Password' input field. Below the password field, there is a note: 'Between 8 and 20 characters. Please include a capital and a number. More details...' and a link for 'Forgot your password?'. A green 'Log in' button is at the bottom of the form. Below the form, there is a link: 'Don't have a myMCNZ account? Sign up now'. At the bottom of the page, there is a footer with the text: 'Protecting the public, promoting good medical practice. Te Tiaki i te iwi whānui me te whakatairanga pai i te mahi e pā ana ki te taha rongā' and '© 2014 Medical Council of New Zealand'.</p>
5.	Click on the Log In button.
6.	You are now logged in to myMCNZ.

Forgotten your password?

Follow the steps below to reset your password:

Step	Action
1.	Open your Internet browser .
2.	Go to the Medical Council of New Zealand website: https://www.mcnz.org.nz/
3.	Click on the myMCNZ button.
4.	<p>Click on the Forgot your password? Link.</p>  <p>The screenshot shows the myMCNZ login interface. At the top left is the Medical Council of New Zealand logo. To the right is the myMCNZ logo with the tagline 'Online resource for the Medical Council of New Zealand'. Below this is a 'Log in' form with fields for 'Username' and 'Password'. A note below the password field states: 'Between 8 and 20 characters. Please include a capital and a number. More details'. The 'Forgot your password?' link is highlighted with a red box. Below the form is a 'Log in' button and a link for 'Don't have a myMCNZ account? Sign up now'. At the bottom of the page, there is a footer with the text: 'Protecting the public, promoting good medical practice. Te Tiaki i te iwi whānui me te whakatairanga pai i te mahi e pā ana ki te taha rongōa' and 'myMCNZ Help Medical Council website © 2014 Medical Council of New Zealand'.</p>
5.	<p>Enter your username and tick the “I’m not a robot” box.</p>  <p>The screenshot shows the 'Forgot Password' page. It has a 'Username' field with a help icon. Below the field is a link: 'If you have forgotten your username, contact us.' There is a checkbox labeled 'I'm not a robot' next to a reCAPTCHA logo. Below the checkbox is a 'Continue' button and a 'Back to login' link.</p>
6.	Click on the Continue button.
7.	<p>An email will be sent to your email account containing a temporary password and a link to access myMCNZ.</p> <p>Note: This email is only valid for two days.</p>
8.	Click on the link inside your email.
9.	Enter your username and temporary password.

	
10.	Click on the Next button.
11.	<p>Answer the security question(s). Note: These are the questions you created when you first signed up to myMCNZ.</p> 
12.	Click on the Continue button.
13.	<p>Enter a new password.</p> 
14.	Click on the Save Password and Log In button.

Note	Three password failed attempts will result in your account being locked. You will need to contact MCNZ to unlock your account.
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Editing Profile Information

Introduction

There are three profiles in myMCNZ; Personal, Professional and Public.

- The **Personal Profile** contains personal details such as; name, email, phone, and address information. In this profile, users can view and edit their personal information.
 - The **Professional Profile** contains details such as; current employment and positions. This profile is Read Only.
 - The **Public Profile** contains details such as; registered address, address confidentiality, scope, qualifications, practising certificate dates, conditions, and endorsements. In this profile, users can edit their registered address and address confidentiality flag.
-

Name change

To update the name we have recorded for you, please send us the details of your name change in writing, along with a certified copy of the documentation which supports the change (for example a certified copy of your marriage certificate, civil union certificate, a deed poll and a [statutory declaration](#)) to:

Medical Council of New Zealand
PO Box 10509
The Terrace
Wellington 6143
New Zealand

We will then update your name in our records and send you confirmation of this. Your old name will still be recorded as a previous name so that people will be able to search for you on the medical register using both your old name and your new name.


If you have a current practising certificate at the time you are changing your name, we will also send you an updated copy of your practising certificate reflecting your new name.

If you have any questions about this process, please email mcnz@mcnz.org.nz.

NOTE: If you click on the **I've changed my name** link in the **Personal Profile**, it will direct you to information regarding this process.

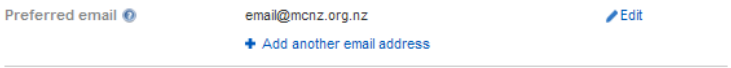
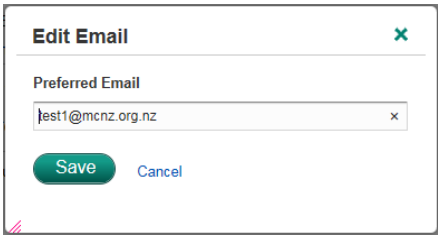
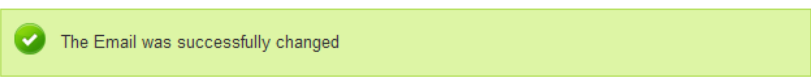
Personal Profile

Personal details

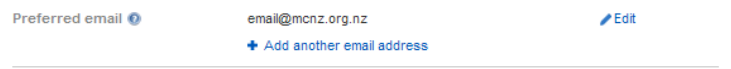
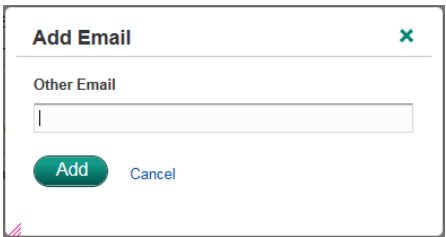
Name	MCNZ Test	I've changed my name
Preferred email 	newemail@mcnz.org.nz	Edit
	+ Add another email address	

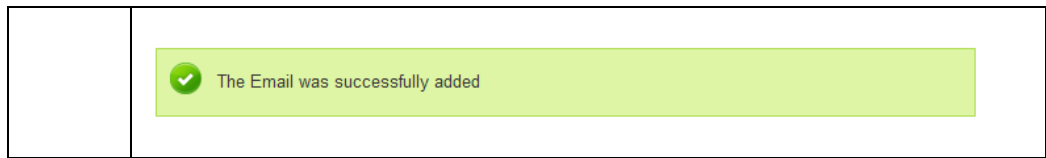
Email

Follow the steps below to edit your preferred email address:

Step	Action
1.	Login to myMCNZ.
2.	Click on Profile and go to the Personal profile.
3.	Click on the Preferred email Edit link. 
4.	Make changes as required and click on the Save button. 
5.	A confirmation message will display. 

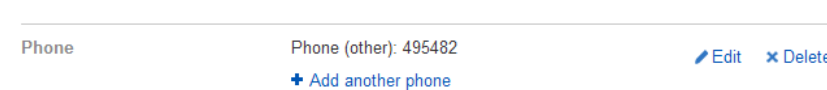
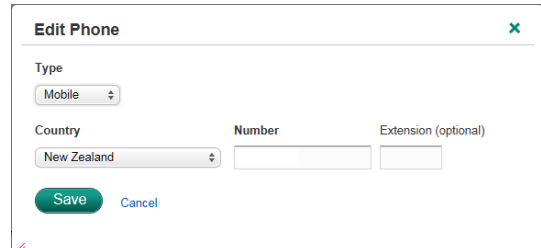

Follow the steps below to add an email address:

Step	Action
1.	Login to myMCNZ.
2.	Click on Profile and go to the Personal profile.
3.	Click on the Add another email address link. 
4.	Enter the email address and click on the Add button. 
5.	A confirmation message will display.

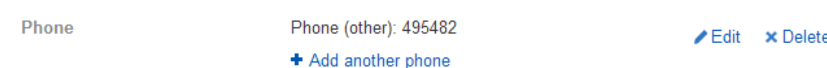
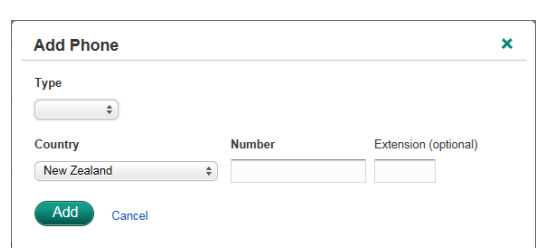


Phone


Follow the steps below to edit a phone number:

Step	Action
1.	Login to myMCNZ.
2.	Click on Profile and go to the Personal profile.
3.	Click on the Phone Edit link. 
4.	Make the changes as required and click on the Save button. 
5.	A confirmation message will display. 


Follow the steps below to add a phone number:

Step	Action
1.	Login to myMCNZ.
2.	Click on Profile and go to the Personal profile.
3.	Click on the Add another phone link. 
4.	Select the Type then enter the phone number. 
5.	Click on the Add button.

6.	A confirmation message will display.
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 The Phone was successfully added

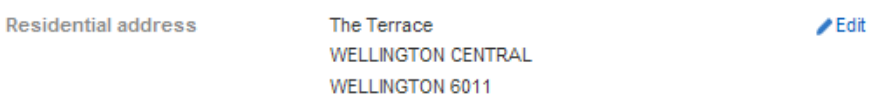
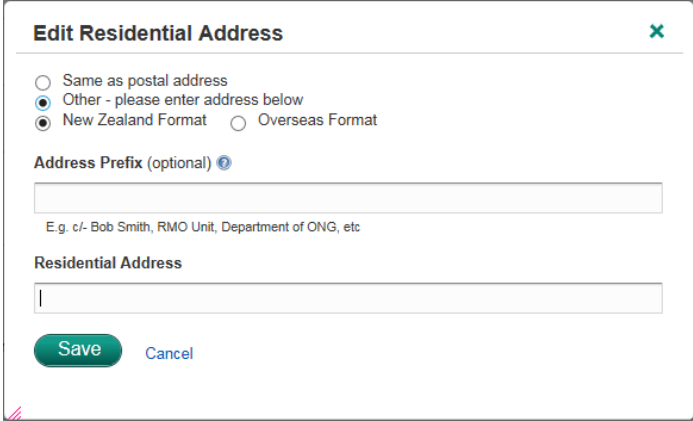
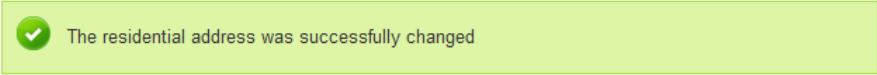
Postal address Follow the steps below to edit a postal address:

Step	Action
1.	Login to myMCNZ.
2.	Click on Profile and go to the Personal profile.
3.	Click on the Postal address Edit link.
	<div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Postal address Edit</p> <p>PO Box 10509 The Terrace WELLINGTON 6143</p> </div>
4.	Make the required changes using the fields provided.
	<div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Edit Postal Address ✕</p> <p><input checked="" type="radio"/> New Zealand Format <input type="radio"/> Overseas Format</p> <p>Address Prefix (optional) ⓘ</p> <p><input type="text"/></p> <p><small>E.g. c/- Bob Smith, RMO Unit, Department of ONG, etc</small></p> <p>Postal Address</p> <p><input type="text" value="PO Box 10509, THE TERRACE, WELLINGTON 6143"/></p> <p><input type="button" value="Save"/> <input type="button" value="Cancel"/></p> </div>
5.	Click on the Save button.
6.	A confirmation message will display.
	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 5px;">  The postal address was successfully changed </div>

Note	If you have an overseas postal address, click on the Overseas Format radio button and enter the relevant information.
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Residential address

Follow the steps below to edit a residential address:

Step	Action
1.	Login to myMCNZ.
2.	Click on Profile and go to the Personal profile.
3.	Click on the Residential address Edit link. 
4.	Make the required changes using the fields provided. 
5.	Click on the Save button.
6.	A confirmation message will display. 


Registered address

Follow the steps below to change a registered address:

Step	Action
1.	Login to myMCNZ.
2.	Click on Profile and go to the Public profile.
3.	<p>Click on the Use another address as my Registered address link.</p> <div data-bbox="549 414 746 450" style="color: #008080; font-weight: bold;">Public Profile</div> <div data-bbox="549 474 783 506" style="font-weight: bold;">Registered address</div> <hr/> <p>Your registered address will appear on the medical register and may be released to approved organisations and individuals. We strongly recommend you do not use your residential address as your registered address.</p> <p>If you do not want your registered address to appear on the medical register, select the confidentiality box below.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div data-bbox="549 658 724 680">Registered address</div> <div data-bbox="836 658 987 725">Middlemore Hospital Private Bag 93311 Auckland 1640</div> </div> <div data-bbox="836 725 1219 748" style="text-align: right; color: #0070C0;"> + Use another address as my Registered address </div> <hr/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div data-bbox="549 788 676 810">Confidentiality</div> <div data-bbox="836 788 1394 810"> <input type="checkbox"/> Keep all my addresses (including my registered address) confidential </div> </div>

Confidentiality

Follow the steps below to make your addresses confidential:

Step	Action
1.	Login to myMCNZ.
2.	Click on Profile and go to the Public profile.
3.	<p data-bbox="533 309 1358 376">Tick the box next to Keep all my addresses (including my registered address) confidential.</p> <hr data-bbox="544 421 1430 423"/> <p data-bbox="544 434 1342 479"> Confidentiality <input data-bbox="836 434 858 456" type="checkbox"/> Keep all my addresses (including my registered address) confidential </p>
4.	<p data-bbox="533 539 970 568">A confirmation message will display.</p> <div data-bbox="544 607 1430 680" style="border: 1px solid #ccc; background-color: #e1f5fe; padding: 5px; margin-top: 10px;">  Your addresses are now confidential </div>

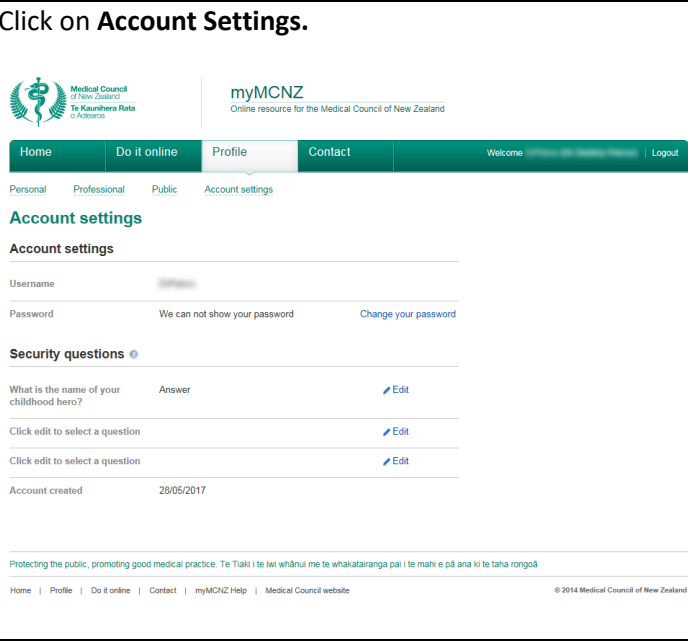
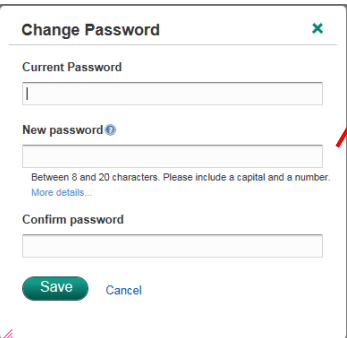
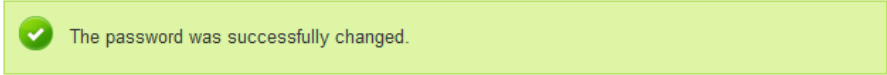
Account Settings

Introduction

In **Account Settings**, you can view your username, change your password, and view and edit security questions.

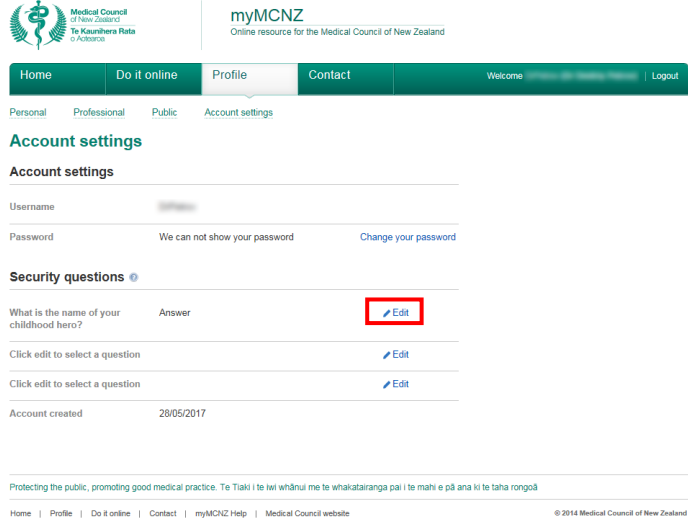
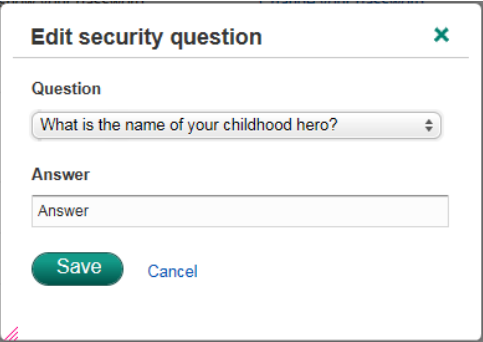
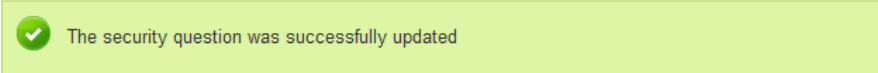
Change your password

Follow the steps below to change your password:

Step	Action
1.	Login to myMCNZ.
2.	Click on the Profile tab.
3.	<p>Click on Account Settings.</p> 
4.	Click on Change your Password .
5.	<p>Enter you current password, then enter your new password using the fields provided.</p>  <div style="border: 2px solid red; padding: 5px; margin-left: 20px;"> <p>Your password must contain between 8 and 20 characters and meet at least three of the following rules:</p> <ul style="list-style-type: none"> • contain a lower case character(s) • contain an upper case character(s) • contain a number (s) • contain a non-alphanumeric character(s) </div>
6.	Click on the Save button.
7.	<p>A confirmation message will display.</p> 

Security questions

Follow the steps below to edit your security questions:

Step	Action
1.	Login to myMCNZ.
2.	Click on the Profile tab.
3.	Click on Account Settings .
4.	<p>Click on the Edit link next to the corresponding question.</p> 
5.	<p>Make the changes as required.</p> 
6.	Click on the Save button.
7.	<p>A confirmation message will display.</p> 

Note	You are required to have at least one security question, but you can have up to three.
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Request a Certificate of Professional Status

Introduction

If you are planning to leave New Zealand to practise in another country, you may wish to apply for a certificate of professional status (COPS) from us. You may also need a COPS to include with your application for entry to a vocational training programme, or just before your Fellowship is to be awarded.

A certificate of professional status shows there is no legal barrier – on disciplinary, competence, criminal or health grounds – to your ongoing registration in New Zealand.

A COPS includes the following information:

- personal information such as your full name, any previous names, registered address, date of birth, gender
- registered qualification
- scope(s) of practice
- conditions/endorsements imposed as part of the Council's registration policies and processes
- whether you are registered
- if not, the date on which your registration ended
- whether you hold a practising certificate
- if not, the date on which your previously held practising certificate expired
- any conditions or restrictions imposed by virtue of Council procedures relating to health, competence and conduct.

In addition, a COPS will indicate by way of a 'Yes' or 'No' notation whether:

- you have Ministry of Health Gazetted prescribing prohibitions
- an investigation or proceeding about you is in progress under the Health Practitioners Competence Assurance Act 2003, the Health and Disability Commissioner Act 1994 or the Accident Compensation Act 2001 (see further explanation below)
- the Council has been informed that an investigation or proceeding relating to your health, competence or conduct is in progress by another regulatory authority, an employer, government agency, other health provider or police, or that criminal charges have been laid
- you are being monitored by the Council's Health team
- you have given a current Voluntary Undertaking to the Council
- you have, in the preceding 7 years, been the subject of Council imposed conditions or interim suspension, although the orders may have since expired or been removed. Disclosure will include where possible, the date of the removal or expiry
- you have, in the preceding 7 years, been censured and been the subject of other orders by the HPDT, although these orders may have since expired or been removed. Disclosure will include where possible, the date of the removal or expiry
- subject to the Criminal Records (Clean Slate) Act 2004, you have criminal convictions
- you have a conviction for a 'specified offence' under the Criminal Records (Clean Slate) Act 2004.

Further Explanation

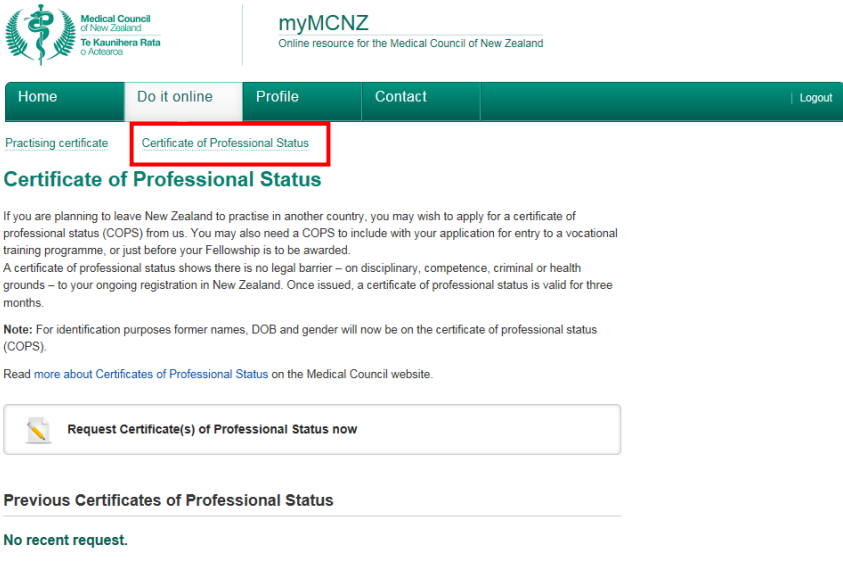
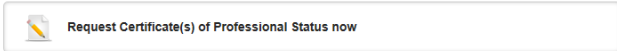
Your COPS will state 'Yes' where a complaint about you to the HDC and/or Council is in the early stages of investigation. If you have had a performance assessment and been found by Council to be competent, the COPS will state 'No' even if Council has required you to engage in a subsequent programme. If you have been the subject of an investigation by a professional conduct committee, the result of which is no further action, then the COPS will state 'No'. If you have been the subject of a hearing by the Health Practitioners Disciplinary Tribunal and the Tribunal has determined that the charges have not been made out, then the COPS will state 'No'.

Under the Criminal Records (Clean Slate) Act the Council will not disclose a conviction occurring more than 7 years previously unless the conviction is for a 'specified offence'. You can check what a 'specified offence' is [here](#).

Where name suppression orders have been made in your favour by a court or the HPDT and remain in force, the existence of a proceeding or hearing will be disclosed on a COPS as 'Yes' but no additional details can be provided by the Council. You may wish to obtain legal advice as to what information, if any, you can provide yourself.

Request a certificate of professional status

Follow the steps below to request a certificate of professional status:

Step	Action
1.	Log in to myMCNZ.
2.	Click on Do it Online .
3.	Click on Certificate of Professional Status . 
4.	Click on Request Certificate (s) of Professional Status now . 
5.	Read the Information and Consent page and click on the tickbox to indicate you agree to disclose the details.

Information and Consent

Please read the information below. You need to consent to the information being provided before you can continue with your COPS request.

A COPS includes the following information:

- personal information such as your full name, any previous names, registered address, date of birth, gender
- registered qualification
- scope(s) of practice
- conditions/endorsements imposed as part of the Council's registration policies and processes
- whether you are registered
- if not, the date on which your registration ended
- whether you hold a practising certificate
- if not, the date on which your previously held practising certificate expired
- any conditions or restrictions imposed by virtue of Council procedures relating to health, competence and conduct.

Agree to disclose these details

[Continue](#)

6. A pop up box containing further disclosure information will display. Read the information and click on either the **Consent** or **Disagree** button.

Further disclosure information ✕

In addition, a COPS will indicate by way of a 'Yes' or 'No' notation whether:

- you have Ministry of Health Gazetted prescribing prohibitions
- an investigation or proceeding about you is in progress under the Health Practitioners Competence Assurance Act 2003, the Health and Disability Commissioner Act 1994 or the Accident Compensation Act 2001 (see further explanation below)
- the Council has been informed that an investigation or proceeding relating to your health, competence or conduct is in progress by another regulatory authority, an employer, government agency, other health provider or police, or that criminal charges have been laid
- you are being monitored by the Council's Health team
- you have given a current Voluntary Undertaking to the Council
- you have, in the preceding 7 years, been the subject of Council imposed conditions or interim suspension, although the orders may have since expired or been removed. Disclosure will include where possible, the date of the removal or expiry
- you have, in the preceding 7 years, been censured and been the subject of other orders by the HPDT, although these orders may have since expired or been removed. Disclosure will include where possible, the date of the removal or expiry
- subject to the Criminal Records (Clean Slate) Act 2004, you have criminal convictions
- you have a conviction for a 'specified offence' under the Criminal Records (Clean Slate) Act 2004.

Further Explanation

Your COPS will state 'Yes' where a complaint about you to the HDC and/or Council is in the early stages of investigation. If you have had a performance assessment and been found by Council to be competent, the COPS will state 'No' even if Council has required you to engage in a subsequent programme. If you have been the subject of an investigation by a professional conduct committee, the result of which is no further action, then the COPS will state 'No'. If you have been the subject of a hearing by the Health Practitioners Disciplinary Tribunal and the Tribunal has determined that the charges have not been made out, then the COPS will state 'No'.

Under the Criminal Records (Clean Slate) Act the Council will not disclose a conviction occurring more than 7 years previously unless the conviction is for a 'specified offence'. You can check what a 'specified offence' is [here](#).

Where name suppression orders have been made in your favour by a court or the HPDT and remain in force, the existence of a proceeding or hearing will be disclosed on a COPS as 'Yes' but no additional details can be provided by the Council. You may wish to obtain legal advice as to what information, if any, you can provide yourself.

By clicking the 'Consent' button below you:



- confirm you have read this page, and
- consent to the COPS noting 'Yes' in relation to any information as described above that is relevant to you.

If you do not give consent, click the 'Disagree' button below.

[Consent](#)

[Disagree](#)

Note: If you click on the **Disagree** button, the following message will display:

	<div style="border: 1px solid #ccc; padding: 10px; background-color: #fff9e6;"> <p> If you do not consent to us issuing a COPS, you may request a Certificate of Registration (COR) under section 139 of the HPCAA.</p> <p>A COR will only include information that appears on the public register which is:</p> <ul style="list-style-type: none"> • Your unique Council registration number and your HPI number • Your full name • Your qualifications by virtue of which you were registered • Your register address • Your scope(s) of practice and any conditions or endorsements. <p>If you wish to apply for a Certificate of Registration (COR). Please complete the 'Request for certificate of registration' form on the attached link.</p> </div>
7.	<p>If you click on the Consent button, the tickbox will now be selected. Click on the Continue button to proceed.</p> <hr/> <p>Information and Consent</p> <p>Please read the information below. You need to consent to the information being provided before you can continue with your COPS request.</p> <p>A COPS includes the following information:</p> <ul style="list-style-type: none"> • personal information such as your full name, any previous names, registered address, date of birth, gender • registered qualification • scope(s) of practice • conditions/endorsements imposed as part of the Council's registration policies and processes • whether you are registered • if not, the date on which your registration ended • whether you hold a practising certificate • if not, the date on which your previously held practising certificate expired • any conditions or restrictions imposed by virtue of Council procedures relating to health, competence and conduct. <p><input checked="" type="checkbox"/> Agree to disclose these details</p> <div style="text-align: right;">Continue</div>
8.	<p>The Step 2 – Request page is displayed. Select whether you are intending to work overseas and if known, select the date of your final working day in NZ.</p> <hr/> <p>Request a certificate(s)</p> <p>Are you intending to work overseas?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Your final working day in New Zealand (optional)</p> <div style="display: flex; align-items: center;"> <input style="width: 100px; height: 20px; margin-right: 5px;" type="text"/>  </div> <p>e.g. 14/05/2011</p>
9.	<p>Select where you want the certificate to be sent. If you select:</p> <ul style="list-style-type: none"> • Your postal address The address displayed in the Postal Address box below is where it will be sent. • Direct to the medical organisation Select the relevant Country and Organisation. The address of the selected organisation will be displayed in the Postal Address fields, or you may receive a message saying your certificate of professional status will be emailed directly to the organisation under our Electronic Document Agreement.

Note: If you can't find the required organisation, click on the **Can't find the organisation you're looking for?** link. Enter the name of the organisation, then the postal address in the fields provided.

Where shall we send the certificate(s)?

Please note that most regulatory authorities require MCNZ certificates to be sent directly to them from MCNZ. If you require a certificate to be sent to a regulatory authority, please ensure you request this at the time of your application. If you request this to be posted to you and you later want us to send this to a regulatory authority, you will need to apply and pay for another certificate (because it requires MCNZ staff to process the request as a new application).

You will be able to review what was sent to the regulatory authority on your myMCNZ account.

Send to:

- Your postal address
- Direct to the medical organisation
- A different address

Country

Australia

Organisation

[Can't find the organisation you're looking for?](#)

Postal Address

Check the address below. If it's not the address you wish to send the certificate to, please enter the correct one.

- **A different address**
Select the **Country**, then enter the address in the **Postal Address** field(s).

Where shall we send the certificate(s)?

Please note that most regulatory authorities require MCNZ certificates to be sent directly to them from MCNZ. If you require a certificate to be sent to a regulatory authority, please ensure you request this at the time of your application. If you request this to be posted to you and you later want us to send this to a regulatory authority, you will need to apply and pay for another certificate (because it requires MCNZ staff to process the request as a new application).

You will be able to review what was sent to the regulatory authority on your myMCNZ account.

Send to:

Your postal address
 Direct to the medical organisation
 A different address

Country

England

Organisation

Postal Address

10. Click on the **Add to your request** button.

Where shall we send the certificate(s)?

Please note that most regulatory authorities require MCNZ certificates to be sent directly to them from MCNZ. If you require a certificate to be sent to a regulatory authority, please ensure you request this at the time of your application. If you request this to be posted to you and you later want us to send this to a regulatory authority, you will need to apply and pay for another certificate (because it requires MCNZ staff to process the request as a new application).

You will be able to review what was sent to the regulatory authority on your myMCNZ account.

Send to:

Your postal address
 Direct to the medical organisation
 A different address

Country

Organisation

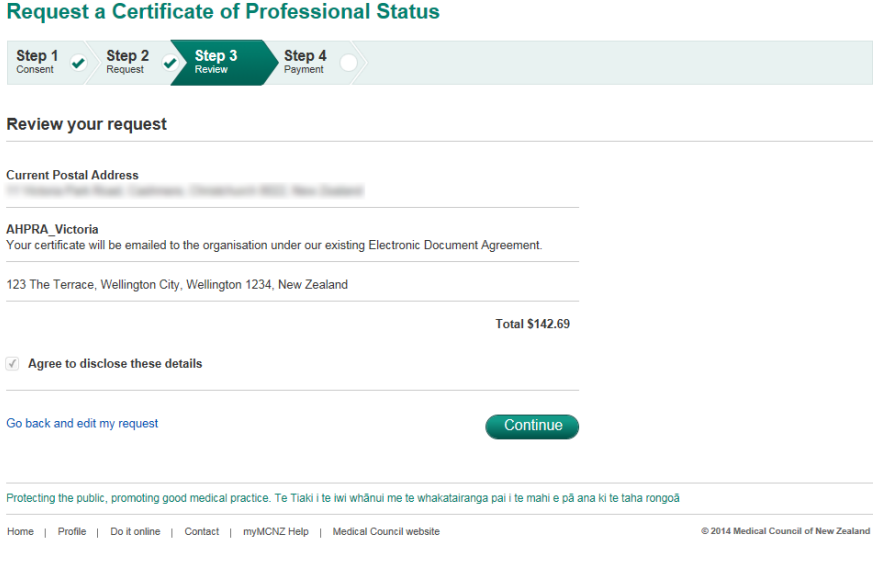
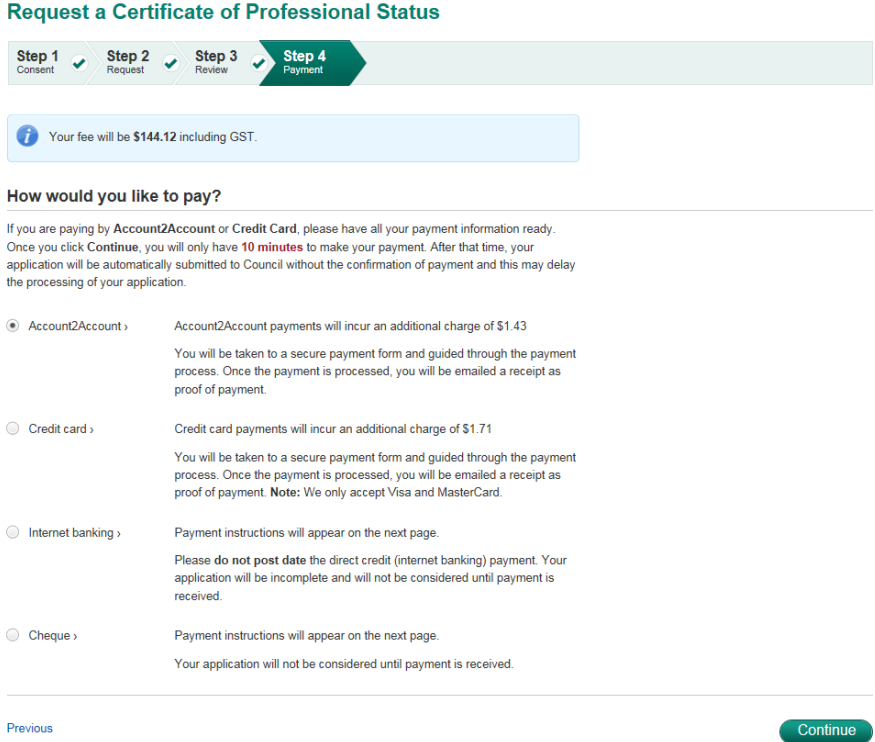
Postal Address

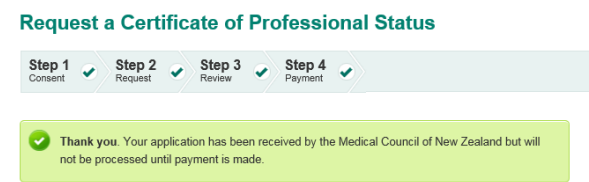


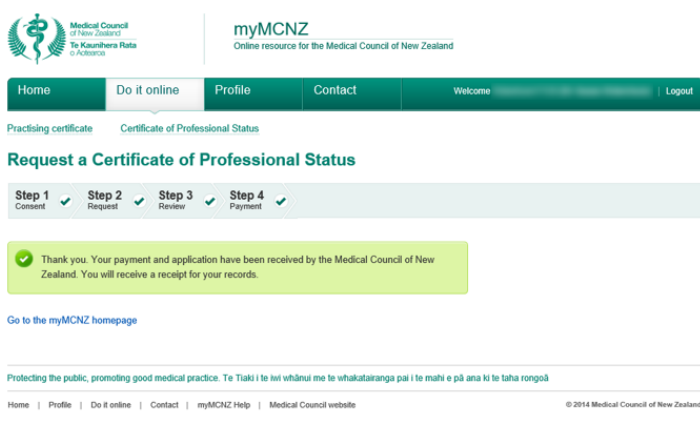
Request summary

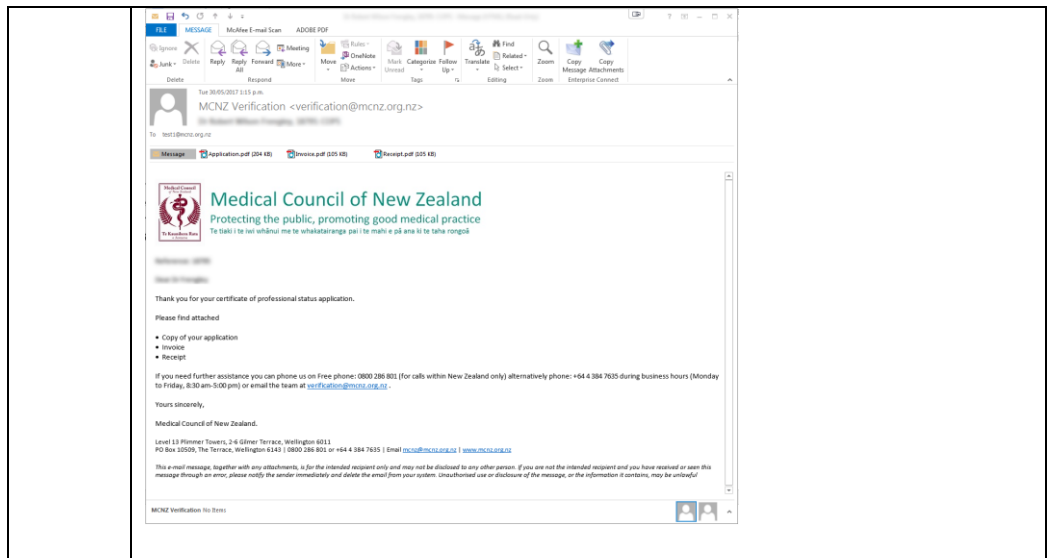
- Current Postal Address**
 New Zealand
[✕ Remove](#)
- AHPRA_New South Wales**
 Your certificate will be emailed to the organisation under our existing Electronic Document Agreement.
[✕ Remove](#)

Add to your request

Note: If you want a copy of your certificate of professional status sent to more than one location, click on the **Add to your request** button after selecting each address. Each address will be added to your **Request Summary**.

11.	Click on the Continue button.
12.	<p>The Review your request page will display, detailing your request.</p> 
13.	<p>Click on the Continue button.</p> <p>Note: If you want to make changes to your request, click on the Go back and edit my request link.</p>
14.	<p>The Payment page will display.</p>  <p>Select your payment method. If you select:</p> <ul style="list-style-type: none"> • Account2Account or Credit card - Click Continue. You will be taken to a secure payment form and guided through

	<p>the payment process. Once the payment is processed, you will be emailed a receipt as proof of payment.</p> <p>Note: Please have all your payment information ready. Once you click Continue, you will only have 10 minutes to make your payment. After that time, your application will be automatically submitted to Council without the confirmation of payment and this may delay the processing of your application while Council staff manually confirms the payment has been received.</p> <ul style="list-style-type: none"> • Internet banking or Cheque - Click Send request to MCNZ. Your application will not be considered until payment is received. Payment instructions will appear on the next page.
<p>15.</p>	<p>The Next Steps page will display.</p>  <p>Request a Certificate of Professional Status</p> <p>Step 1 Consent ✓ Step 2 Request ✓ Step 3 Review ✓ Step 4 Payment ✓</p> <p>✓ Thank you. Your application has been received by the Medical Council of New Zealand but will not be processed until payment is made.</p> <p>Next steps</p> <p>You must send us the following information before we can process your request for a Certificate(s) of Professional Status:</p> <p> You have opted to pay by Internet Banking. The amount to be paid is \$142.69.</p> <p>You can search for Medical Council of New Zealand on your bank's list of pre-approved payees but if this is unavailable, please use the account information below to setup a payment.</p> <p>Bank Name: ASB Bank Account Name: Medical Council of New Zealand Account Number: 12-3141-0071551-51</p> <p>To help us process your payment correctly, please enter the following payment details:</p> <p>Particulars: Wilson Payee code: 63285 Reference: MCOI15390127</p> <p> Include a coversheet if you need to send us any item by post. This helps us process your request faster. The coversheet also contains your payment instructions. Download the coversheet</p> <p>Alternatively, include a hand written note with your paper documents detailing your name and what the letter's contents relate to.</p> <p>If there is nothing more for you to do, you will receive the message below.</p>  <p>Medical Council of New Zealand Te Kaitiaki Take Kōwhiri Raukōwhiri Te Kaitiaki Take Kōwhiri Raukōwhiri</p> <p>myMCNZ Online resource for the Medical Council of New Zealand</p> <p>Home Do it online Profile Contact Welcome Logout</p> <p>Practising certificate Certificate of Professional Status</p> <p>Request a Certificate of Professional Status</p> <p>Step 1 Consent ✓ Step 2 Request ✓ Step 3 Review ✓ Step 4 Payment ✓</p> <p>✓ Thank you. Your payment and application have been received by the Medical Council of New Zealand. You will receive a receipt for your records.</p> <p>Go to the myMCNZ homepage</p> <p>Protecting the public, promoting good medical practice. Te Tiaki i te iwi whānui me te whakaitaranga pai te mahi e pā ana ki te taha rongoa</p> <p>Home Profile Do it online Contact myMCNZ Help Medical Council website © 2014 Medical Council of New Zealand</p>
<p>16.</p>	<p>You will also be emailed a confirmation of your application, along with the relevant attachments.</p>



17. You can track the progress of your COPS application from the **Home** page of your myMCNZ account and when MCNZ has processed your application, you can also view your COPS.

Certificate of Professional Status	Being Processed		
Certificate of Professional Status	MCNZ processing your request		
Certificate of Professional Status	Complete	22/03/2017 - 22/06/2017	View
Certificate of Professional Status	Complete	22/03/2017 - 22/06/2017	View

Renew Practising Certificate

Introduction

In addition to being registered, you must also hold a current practising certificate to practise medicine in New Zealand. It is illegal to practise here without this certificate. With a practising certificate you are authorised, and considered competent and fit to practise medicine within the scope of practice and conditions given on your certificate. It is your responsibility to ensure you hold a current practising certificate. Your employer is responsible for ensuring all doctors they employ are properly registered and certified to practise.

Practising certificates:

- are valid for up to 12 months
- are not backdated
- authorise you to practise medicine within the scope of practice and conditions given on your certificate.

Read [more about practising certificates](#) on the Medical Council website.

Obtain a copy of a previous practising certificate

Follow the steps below to obtain a copy of a previous practising certificate:

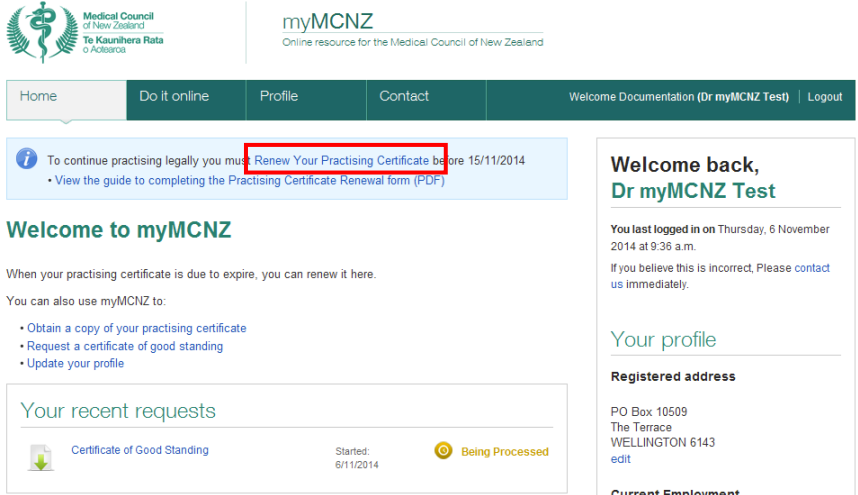
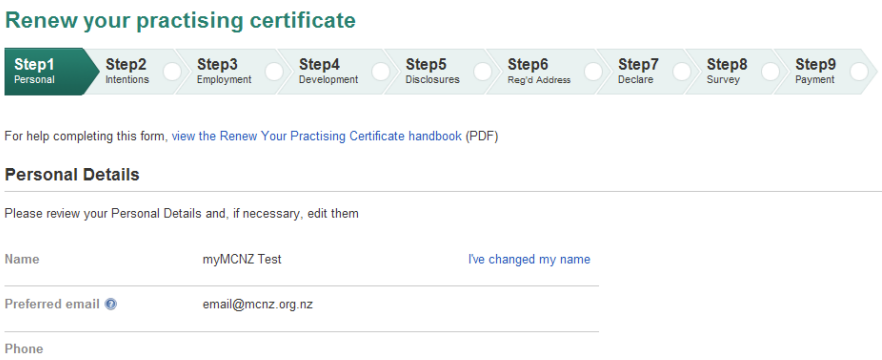
Step	Action
1.	Login to myMCNZ.
2.	Click on Do it Online .
3.	Click on Practising Certificate .
4.	The table will display all current and previous practising certificates.
5.	Click on the relevant Email Copy link to receive a copy of that practising certificate.

The screenshot shows the myMCNZ website interface. At the top, there is a navigation bar with 'Home', 'Do it online', 'Profile', and 'Contact'. Below this, the 'Practising Certificate' section is displayed, featuring a heading and introductory text. A prominent button labeled 'Renew your practising certificate now' is visible. Below the button, a table titled 'Current and previous practising certificates' is shown. The table has columns for 'Practising certificate', 'Status', 'Invoice', 'Receipt', and 'Obtain Copy'. The data rows show certificates from 1/03/2011 to 1/03/2015, all with a 'Complete' status and 'Email Copy' links. The footer includes the Medical Council of New Zealand logo and contact information.

Renew your practising certificate

Before your practising certificate is due to expire, you will be able to renew it online.

Follow the steps below to renew your practising certificate:

Step	Action
1.	Log in to myMCNZ.
2.	<p>The Home page will display. Click on the Renew Your Practising Certificate link.</p> 
3.	<p>Step 1 - Personal of renewing your practising certificate will display. Check your personal details.</p>  <p>Note: If you need to change your details, click on the update any incorrect personal information link.</p>
4.	<p>Tick the confirmation checkbox, then click on the Save & Continue button.</p> <p>Note: Clicking on the Save & Continue button will save your application at that point. If you need to log out of myMCNZ, you can return to your application later.</p>

	<p>Confirmation</p> <p>Please review the details above and update any incorrect personal information before continuing</p> <p><input type="checkbox"/> I confirm that the details above are correct</p> <p style="text-align: right;">Save & Continue</p>
5.	<p>Step 2 - Intentions of renewing your practising certificate will display. Select your practising intention for the coming year and if required, any overseas information.</p> <p>Note: If you have been selected for audit, clear instructions will display at the end of the application process. They are also available on our website here.</p> <p>Your practising intentions</p> <p>Do you intend to practise medicine in New Zealand within the coming year?</p> <p><input type="radio"/> Yes and I wish to apply for a Practising Certificate</p> <p><input type="radio"/> No but I wish to retain my name on the Register - select residency status below</p> <p style="margin-left: 20px;"><input type="radio"/> I am currently resident in New Zealand</p> <p style="margin-left: 20px;"><input type="radio"/> I am currently resident overseas</p> <p><input type="radio"/> No, I am not intending to practise medicine in New Zealand again in the future and I wish to have my name removed from the register</p> <p>Did you practise medicine overseas since the date your last practising certificate was issued?</p> <p><input type="radio"/> Yes</p> <p style="margin-left: 20px;">Country: <input type="text"/> State: <input type="text"/></p> <p style="margin-left: 20px;">Add another</p> <p><input type="radio"/> No</p> <p>Previous Save & Continue</p>
6.	<p>Click on the Save & Continue button.</p>
7.	<p>Step 3 - Employment of renewing your practising certificate will display. Review you current employment details.</p> <p>Renew your practising certificate</p> <p>Step1 Personal ✓ Step2 Intentions ✓ Step3 Employment Step4 Development Step5 Disclosures Step6 Reg'd Address Step7 Declare Step8 Survey Step9 Payment</p> <p>For help completing this form, view the Renew Your Practising Certificate handbook (PDF)</p> <p>Please review your current employment details. If necessary, you may edit these details if you hold a full general or vocational scope. Note: New Zealand employment only.</p> <p>Current employment</p> <p><input type="text"/> edit x remove</p> <p>+ Add employment</p> <p>Confirmation</p> <p><input type="checkbox"/> I confirm that the details above are correct</p> <p>Previous Save & Continue</p>

	<p>Note: If you are provisionally registered or special purpose, you must get MCNZ approval before you change employment. Email pc@mcnz.org.nz for more information.</p>
8.	<p>If you are employed at the same organisation, but your Medical role or Area of medicine has changed, click on the edit link, make the required changes and click on the Save button.</p> <div data-bbox="534 405 1193 857" style="border: 1px solid #ccc; padding: 10px;"> <p>Edit employment ✕</p> <p>I am still employed at Waltham Medical Centre but my situation has changed.</p> <p>Medical role</p> <p>General Practitioner ▾</p> <p>Area of medicine</p> <p>Branch: General Practice ▾ Detailed work type: ▾</p> <p>+ Add an additional area of medicine</p> <p>Start date End date (optional)</p> <p>1/03/2002 📅 📅</p> <p><small>e.g. 21/04/2013</small></p> <p>Save Cancel</p> </div>
9.	<p>If you are no longer employed at the organisation, click on the x remove link. Enter the Final day of employment and click on the Remove button.</p> <div data-bbox="534 1003 909 1223" style="border: 1px solid #ccc; padding: 10px;"> <p>Remove employment ✕</p> <p>Final day of employment</p> <p> 📅</p> <p><small>e.g. 21/04/2013</small></p> <p>Remove Cancel</p> </div>
10.	<p>To add your new employment details, click on the + Add employment link. Select the Organisation, Medical role, Area of medicine and the Start date. Click on the Add button when all the required information is entered.</p> <div data-bbox="534 1440 1193 1921" style="border: 1px solid #ccc; padding: 10px;"> <p>Add employment ✕</p> <p>Organisation 🔍</p> <p></p> <p>Medical role</p> <p> ▾</p> <p>Area of medicine</p> <p>Branch: ▾ Detailed work type: ▾</p> <p>+ Add an additional area of medicine</p> <p>Start date End date (optional)</p> <p> 📅 📅</p> <p><small>e.g. 21/04/2013</small></p> <p>Add Cancel</p> </div> <p>New Organisation</p>

If your organisation is not in the list, enter the details of your role as required and click **Add**.

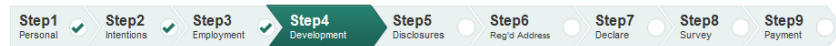
You will then be prompted to enter the new organisation details and click **Save**.

The new organisation will be added.

11. When your employment details are correct, tick the confirmation checkbox and click on the **Save & Continue** button.

12. **Step 4 - Development (Step 1)** of renewing your practising certificate will display. Review your Continuing Professional Development details.

Renew your practising certificate



For help completing this form, [view the Renew Your Practising Certificate handbook \(PDF\)](#)

IMPORTANT: Your CPD is subject to your conditions. Your participation in CPD is your responsibility, not that of your employer, vocational education advisory body, medical school, independent practitioners' association, PHO or any other person or organisation. Nevertheless, these organisations will be able to help you with your CPD.

[View the CPD guide \(PDF\)](#) for more information on your responsibilities.

Your Continuing Professional Development. Step 1:

Vocational

College CPD programme edit x remove
 Recertification programme: RNZCCP MOPS (General Practice)
 (Start date: 18 September 2004)

[Add new Vocational CPD](#)

General

Not practising in this scope edit x remove
 (Start date: 18 September 2004)

[Add new General CPD](#)

Confirmation

I confirm that the details above are correct


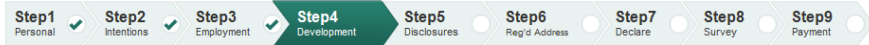

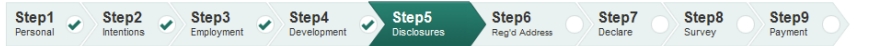
[Previous](#) **Save & Continue**


13. To edit an existing CPD entry, click on the associated **edit** link.
 To remove an existing CPD entry, click on the associated **x remove** link.
 To add a new CPD entry, click on the **Add new <scope> CPD** link.

Select the **Monitoring type** from the list, then enter the required **Monitoring details**. Click on the **Save** button when all the required information is entered.

14. When you are ready to proceed, tick the confirmation checkbox and click on the **Save & Continue** button.





Note: If you are not sure about what to enter in this section, do not click the **Save and Continue** button. Instead, contact us (phone or email) for advice on how to proceed. For more information, download the [CPD guide](#).

15.	<p>Step 4 - Development (Step 2) of renewing your practising certificate will display. Answer the relevant questions, then click on the Save & Continue button.</p> <p>Renew your practising certificate</p>  <p>For help completing this form, view the Renew Your Practising Certificate handbook (PDF)</p> <p>Your Continuing Professional Development. Step 2:</p> <p>General</p> <p>Inpractice recert programme</p> <p>Are you complying with the requirements of the Inpractice recertification programme?</p> <p><input type="radio"/> Yes</p>
16.	<p>If you are doing any additional Medical Council recognised training programs, enter the details.</p> <p>Renew your practising certificate</p>  <p>For help completing this form, view the Renew Your Practising Certificate handbook (PDF)</p> <p>Additional vocational training</p> <p>Are you doing any additional Medical Council recognised training programs? </p> <p><input type="radio"/> Yes</p> <p>Programme and qualification</p> <p><input type="text"/></p> <p>Can we contact the vocational education advisory body about your participation in this programme?</p>
17.	Click on the Save & Continue button.
18.	<p>Step 5 – Disclosures of renewing your practising certificate will display. Carefully read and answer the questions, then click on the Save & Continue button.</p> <p>Renew your practising certificate</p>  <p>For help completing this form, view the Renew Your Practising Certificate handbook (PDF)</p> <p>Since you were last issued a practising certificate, have you been subject to:</p> <p>a. A formal competence enquiry or a restriction or withdrawal of your credentials based on your performance or conduct, undertaken by an employer, complaints, licensing, or professional body (other than by the Medical Council of New Zealand and excluding any college requirements for recertification or reaccreditation)?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>b. An adverse finding in any discipline action by an employer, complaints body, licensing body, or professional body (other than by the Medical Council of New Zealand or Health Practitioners Disciplinary Tribunal)?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>c. 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) Information about the Criminal Records Act 2004 can be found at http://justice.govt.nz/services/criminal-records/about-the-criminal-records-clean-slate-act-2004.</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>

	<p>d. Since your last PC have you been affected by, 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 current or future practice of medicine? These include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration.</p> <p><input type="radio"/> Yes</p> <p>May the Council's Health Manager contact your treating practitioner(s) for further information?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> No</p> <hr/> <p>Previous Save & Continue</p>
19.	<p>Step 6 – Registered Address of renewing your practising certificate will display.</p> <p>Review your registered address information and if required, click on the Use another address as my registered address link to change your registered address.</p> <p>Renew your practising certificate</p>  <p>For help completing this form, view the Renew Your Practising Certificate handbook (PDF)</p> <p>Registered address</p> <p>Your registered address will appear on the medical register and may be released to approved organisations and individuals. We strongly recommend you do not use your residential address as your registered address.</p> <p>If you do not want your registered address to appear on the medical register, select the confidentiality box below</p> <p>Registered address PO Box 10509, The Terrace, Wellington 6143</p> <p>If you want to use an employment address as your registered address, choose from below:</p> <p><input type="radio"/> Counties Manukau District Health Board, 19 Lambie Drive, Manukau, Auckland 2104</p> <p>Use another address as my Registered address</p> <p>Confidentiality <input type="checkbox"/> Keep all my addresses (including my registered address) confidential</p> <p>Delivery</p> <p>How would you like to receive your practising certificate?</p> <p><input type="radio"/> Electronically, as a PDF file emailed to email@mcnz.org.nz</p> <p><input type="radio"/> In hard copy, posted to PO Box 10509, The Terrace, Wellington 6143</p> <p>Te Ora - for doctors of Maori descent only</p> <p>Te Ohu Rata o Aotearoa, the Maori Medical Practitioners' Association, supports Maori medical students and graduates.</p> <p><input type="checkbox"/> I am of Maori descent and agree to the Medical Council providing my details to Te Ora so they can contact me.</p> <hr/> <p>Previous Save & Continue</p>
20.	<p>Select the relevant Delivery and Te Ora options, then click on the Save & Continue button.</p>
21.	<p>Step 7 – Declare of renewing your practising certificate will display.</p> <p>Review your application and if necessary, click on the corresponding Go back and edit link.</p>

	<div style="text-align: center;"> <h2 style="color: #007060;">Renew your practising certificate</h2> </div> <div style="text-align: center; margin-bottom: 10px;"> Step1 Personal Step2 Intentions Step3 Employment Step4 Development Step5 Disclosures Step6 Reg'd Address Step7 Declare Step8 Survey Step9 Payment </div> <p style="font-size: small; margin-bottom: 10px;">For help completing this form, view the Renew Your Practising Certificate handbook (PDF)</p> <h3>Review your application</h3> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid #ccc;">1. Personal</td> <td style="border-bottom: 1px solid #ccc;">No change made</td> <td style="text-align: right; border-bottom: 1px solid #ccc;">Go back and edit</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;">2. Intentions</td> <td style="border-bottom: 1px solid #ccc;">I am practising medicine in New Zealand and wish to apply for a Practising Certificate Practise medicine overseas: No</td> <td style="text-align: right; border-bottom: 1px solid #ccc;">Go back and edit</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;">3. Employment</td> <td style="border-bottom: 1px solid #ccc;">No change made</td> <td style="text-align: right; border-bottom: 1px solid #ccc;">Go back and edit</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;">4. Development</td> <td style="border-bottom: 1px solid #ccc;">No change made</td> <td style="text-align: right; border-bottom: 1px solid #ccc;">Go back and edit</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;">5. Disclosures</td> <td style="border-bottom: 1px solid #ccc;">Subject to a formal competence enquiry: No Subject to an adverse finding in any discipline action: No Subject to a police investigation: No Affected by a mental or physical condition: No Allow to contact your treating practitioner: No</td> <td style="text-align: right; border-bottom: 1px solid #ccc;">Go back and edit</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;">6. Registered Address</td> <td style="border-bottom: 1px solid #ccc;">PO Box 10509, The Terrace, Wellington 6143</td> <td style="text-align: right; border-bottom: 1px solid #ccc;">Go back and edit</td> </tr> </table> <h3>Declaration</h3> <hr/> <p><input type="checkbox"/> I hereby certify that I am the person who is applying for a practising certificate in New Zealand, and that the information I have given and/or have been asked to provide in relation to this application is true and correct.</p> <ul style="list-style-type: none"> I understand that the information that I have provided is to be used by the Registrar and the Council for the purposes of considering my application for a practising certificate, and may be disclosed to agents of the Council for these purposes. I understand that the Council may obtain further information (within the provisions of the Privacy Act 1993) 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 information sought. 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 other agencies, if the Council believes on reasonable grounds that the disclosure is necessary (eg DHBs / employers, medical colleges, etc). I understand that the Registrar may decline to issue a practising certificate <ol style="list-style-type: none"> 1. if any fines, costs, or expenses, ordered or payable under s92(4) or s101 of the HPCAA remain unpaid. 2. if satisfied that any information included in the application is false or misleading <p style="font-size: x-small; margin-top: 10px;">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.</p> <h3>Authentication</h3> <hr/> <p style="font-size: x-small;">Please enter your password again, to confirm your identity.</p> <p>Password</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> <hr/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Previous Save & Continue </div>	1. Personal	No change made	Go back and edit	2. Intentions	I am practising medicine in New Zealand and wish to apply for a Practising Certificate Practise medicine overseas: No	Go back and edit	3. Employment	No change made	Go back and edit	4. Development	No change made	Go back and edit	5. Disclosures	Subject to a formal competence enquiry: No Subject to an adverse finding in any discipline action: No Subject to a police investigation: No Affected by a mental or physical condition: No Allow to contact your treating practitioner: No	Go back and edit	6. 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6. Registered Address	PO Box 10509, The Terrace, Wellington 6143	Go back and edit																	
22.	Read the Declaration and select the tick box as confirmation.																		
23.	Enter your myMCNZ password in the box provided to confirm your identity.																		
24.	Click on the Save & Continue button.																		
25.	Step 8 – Survey of renewing your practising certificate will display. Complete the survey, then click on the Save & Continue button.																		

	<p>Workforce Survey</p> <hr/> <p>The purpose of this survey is to obtain statistical information on the structure and trends in the New Zealand medical workforce. No information that can identify individuals is published by the Medical Council.</p> <p>You have previously told us of your training programme through the Urology.</p> <hr/> <p>Were you employed in medical (including non-clinical) work in New Zealand during the year?</p> <p> <input type="radio"/> Yes - please complete the questions below <input type="radio"/> No <input type="radio"/> I do not wish to complete the work survey </p> <p>Comment (optional)</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> <hr/> <p>Your typical working week ?</p> <p>Complete the following based on a typical working week from the previous year (maximum of 3 work sites)</p> <p>Work site 1</p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Employer type</td> <td style="width: 25%;">Role</td> <td style="width: 25%;">Work type</td> <td style="width: 25%;">Hours ?</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><small>If 'Other', please specify</small></td> <td><small>If 'Other', please specify</small></td> <td><small>If 'Other', please specify</small></td> <td></td> </tr> </table>	Employer type	Role	Work type	Hours ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<small>If 'Other', please specify</small>	<small>If 'Other', please specify</small>	<small>If 'Other', please specify</small>	
Employer type	Role	Work type	Hours ?										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
<small>If 'Other', please specify</small>	<small>If 'Other', please specify</small>	<small>If 'Other', please specify</small>											
26.	<p>Step 9 – Payment of renewing your practising certificate will display.</p> <p>Select your payment method. If you select:</p> <ul style="list-style-type: none"> <p>Account2Account or Credit card - Click Continue.</p> <p>You will be taken to a secure payment form and guided through the payment process. Once the payment is processed, you will be emailed a receipt as proof of payment.</p> <p>Note: Please have all your payment information ready. Once you click Continue, you will only have 10 minutes to make your payment. After that time, your application will be automatically submitted to Council without the confirmation of payment and this may delay the processing of your application while Council staff manually confirms the payment has been received.</p> <p>Internet banking - Click Send request to MCNZ.</p> <p>Your application will not be considered until payment is received. Payment instructions will appear on the next page.</p> 												

	<p>How would you like to pay?</p> <p>If you are paying by Account2Account or Credit Card, please have all your payment information ready. Once you click Continue, you will only have 10 minutes to make your payment. After that time, your application will be automatically submitted to Council without the confirmation of payment and this may delay the processing of your application.</p> <p>If you do not have your payment information ready, you can return to this page at a later date – all your details in this form have been saved.</p> <p><input checked="" type="radio"/> Account2Account > Account2Account payments will incur an additional charge of \$3.45. You will be taken to a secure payment form and guided through the payment process. Once the payment is processed, you will be emailed a receipt as proof of payment.</p> <p><input type="radio"/> Credit card > Credit card payments will incur an additional charge of \$9.10. You will be taken to a secure payment form and guided through the payment process. Once the payment is processed, you will be emailed a receipt as proof of payment. Note: We only accept Visa and MasterCard.</p> <p><input type="radio"/> Internet banking > Payment instructions will appear on the next page. Please do not post date the direct credit (internet banking) payment. Your application will be incomplete and will not be considered until payment is received. Note: If you have prior approval from your employer that they will pay your fee direct to us, please use this option and forward the invoice to your employer for payment (This will be attached to your confirmation email).</p> <p>Previous Continue</p>
27.	<p>The Next Steps page will display. This will display any steps you need to complete as part of your application.</p> <p>Renew your practising certificate</p> <p>For help completing this form, view the Renew Your Practising Certificate handbook (PDF)</p> <div style="border: 1px solid green; padding: 5px; background-color: #e6ffe6;"> <p> Thank you. Your application has been received by the Medical Council of New Zealand but will not be processed until payment is received.</p> </div> <p>Next steps</p> <p>You must send us the following information before we can process your application for renewal of your practising certificate.</p> <p> Audit Documentation The documentation you need to provide depends on how you are meeting Council's recertification requirements. Please click here to find out what you need to</p> <p> Cheque Cheques for NZ\$711.60 should be made payable to Medical Council of New Zealand. Please do not post-date cheques.</p> <p> Include a coversheet if you need to send us any item by post. This helps us process your request faster. The coversheet also contains your payment instructions. Download the coversheet</p> <p>Alternatively, include a hand written note with your paper documents detailing your name and what the letter's contents relate to.</p> <p>Send all required information, along with your coversheet to: Medical Council of New Zealand Level 6, 80 The Terrace, Wellington 6011 PO Box 10509, The Terrace, Wellington 6143 New Zealand</p>
28.	<p>You will also be emailed a confirmation of your application, along with the relevant attachments.</p>

Medical Council of New Zealand
Protecting the public, promoting good medical practice
Te tiaki | te iwi whānui me te whakatairanga pai | te mahi e pā ana ki te taha rongōa

Reference:

Dear Dr

Thank you for your Practising certificate application.

Please find attached

- Copy of your application
- Coversheet
- Invoice
- Receipt
- CPD Relationship form(s)

It is your responsibility to ensure that the attached CPD relationship form is completed by the relevant person and that it is sent to us

The coversheet should be printed and included with any item (including cheques) sent to us by post. It contains a list of the documents/information we require to action your request and instructions for your selected payment method.

Important: If you need to send us any item by post, please include the coversheet.