**Introduction** At the beginning of each year, the Medical Council of New Zealand (MCNZ) is notified of all 6th year medical students.

In June/July MCNZ will generate myMCNZ PIN numbers and email all students the information for <u>signing up to myMCNZ</u> and <u>applying for registration</u>. myMCNZ is our secure, online environment where you can access our services and manage your details.

A myMCNZ account will allow you to:

- Submit an application for registration (PGY1).
- Update your contact information.
- Track the status of online requests.
- Access copies of invoices and receipts.

After you are registered, you will also be able to:

- Request a certificate of professional status.
- Complete your practising certificate renewal.
- Access practising certificates that have been issued to you.

You must use myMCNZ to submit a PGY1 application to advise us of your registration intentions, even if you don't require registration at this time. Full myMCNZ instructions are detailed in the tables below.

When you have completed your PGY1 application online, you will be emailed a pdf document of your application. This includes a coversheet and will advise you of the additional documentation you will be required to send to us. MCNZ Staff will process the applications and follow up any outstanding applications, or ones that we are awaiting paperwork or additional information.

In mid-November, we are notified of those students that have passed from the universities. Based on this information, you will be sent your practising certificate and application approval letter, usually by the second to last Monday in November.

Sign up to myMCNZ

To sign up to myMCNZ, you will first need your unique PIN number. This will be sent to you via text message to the mobile number that was provided to us from your university. If your mobile number has recently changed, please contact us to ensure we have your correct number. If you do not have a mobile number, your PIN number will be mailed to your postal address. If you do not receive your PIN please contact us.

Follow the steps below to sign up to myMCNZ:

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 <b>myMCNZ</b> button.					
	Home - Windows Internet Explorer					
	File Edit Wew Favorites Tools Help					
	Pervintes     (1) Home     (1) Home     (1) *      (1) *					
	Medical Council					
	d New Zealand To Kaunihera Rata Activitiena Rata					
	Home Get Maintain Fitness to Support for News and About us registered registration practise doctors publications					
	The Medical Council registers doctors in New Zealand and carries					
	responsibilities in the areas of standards, conduct and competence.					
	Patients Doctors Doctors What's new Register for submissions					
	public practising practise in New (Teleradology) scope of practice More					
	Zealand Zealand Prevocational training requirements					
	Making a complaint Statements - standards for doctors Registration self assessment tool changes to prevocational training requirements for doctors in New					
	Health and Usadimity Commissioner Press, forms and cledulisis Provinto register     List of registered doctors     Fitness to practise     Registration in New Zealand policy     The doctor patient reliationship     Change ware represented teals     Settling in New Zealand					
	Comparison of doctors     Comparison of doctors     Comparison of doctors					
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1	The <b>Log in</b> page will display					
ч.	Click on the <b>Sign Up now</b> link.					
	Medical Council my/MCNZ					
	To Kumhar Rate o Actesroa					
	Log in					
	Username					
	Password					
	Between 8 and 20 characters. Please include a capital and a number. More details					
	Forgot your password?					
	Log in					
	Don't have a myMCNZ account? Sign up now					
	rrotecting the public, promoting good medical practice. Le Liako Le kiw whanu me te whakataranga par i te mahi e pa ana ki te taha rongoa mWMCNZ Help   Medical Council website © 2014 Medical Council of New Zastand					

	Sign up to myMCNZ Step 1 of 2 : Verification	This is your registration number or reference
	MCNZ ID number 💿	humber.
	Surname	This is the surname that is used in the letter or email sent to you.
	PIN	This is the PIN Number that was sent to you from MCNZ.
	L'm not a robot reCAPTCHA Privacy-Terms	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.
6	Click on the <b>Continue</b> button	
	Sign up to myMCNZ Step 2 of 2 : Your details Username	Choose a username between 6 and 20 characters. This is what you will use when you login to myMCNZ in the future
	Password 0	iuture.
	Between 8 and 20 characters. Please include a capital and a number. More details Re-enter password	Your password must contain between 8 and 20 characters and meet at least three of
	Between 8 and 20 characters. Please include a capital and a number. More details Re-enter password  Security questions  Choose up to three questions to answer. These will be used for verification purposes if you ever forget your password.	Your password must contain between 8 and 20 characters and meet at least three of the following rules: • contain a lower case character(s)
	Between 8 and 20 characters. Please include a capital and a number. More details Re-enter password  Security questions Choose up to three questions to answer. These will be used for verification purposes if you ever forget your password.  Question 1	Your password must contain between 8 and 20 characters and meet at least three of the following rules: • contain a lower case character(s) • contain an upper case character(s)
	Between 8 and 20 characters. Please include a capital and a number. More details Re-enter password  Security questions Choose up to three questions to answer. These will be used for verification purposes if you ever forget your password.  Question 1  Select a question.   Answer	Your password must contain between 8 and 20 characters and meet at least three of the following rules: • contain a lower case character(s) • contain an upper case character(s) • contain a number (s)
	Between 8 and 20 characters. Please include a capital and a number. More details Re-enter password  Security questions  Choose up to three questions to answer. These will be used for verification purposes if you ever forget your password.  Question 1  Select a question   Answer	Your password must contain between 8 and 20 characters and meet at least three of the following rules: • contain a lower case character(s) • contain an upper case character(s) • contain a number (s) • contain a non- alphanumeric character(s)
	Between 8 and 20 characters. Please include a capital and a number. More details Re-enter password  Security questions Choose up to three questions to answer. These will be used for verification purposes if you ever forget your password.  Question 1 Select a question ¢ Answer  Question 2 Select a question ¢	Your password must contain between 8 and 20 characters and meet at least three of the following rules: • contain a lower case character(s) • contain an upper case character(s) • contain a number (s) • contain a non- alphanumeric character(s)
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	Between 8 and 20 characters. Please include a capital and a number. More details Re-enter password  Security questions Choose up to three questions to answer. These will be used for verification purposes if you ever forget your password.  Question 1  Select a question  Question 2  Select a question  Question 3  Select a question	Your password must contain between 8 and 20 characters and meet at least three of the following rules: • contain a lower case character(s) • contain an upper case character(s) • contain a number (s) • contain a non- alphanumeric character(s) Select at least one security question and enter an answer. This will be used for verification if you ever forget
	Between 8 and 20 characters. Please include a capital and a number. More details Re-enter password  Security questions Choose up to three questions to answer. These will be used for verification purposes if you ever forget your password.  Question 1 Select a question + Answer  Question 2 Select a question + Answer  Question 3 Select a question + Answer	Your password must contain between 8 and 20 characters and meet at least three of the following rules: • contain a lower case character(s) • contain an upper case character(s) • contain a number (s) • contain a non- alphanumeric character(s) Select at least one security question and enter an answer. This will be used for verification if you ever forget your password.
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	Between 8 and 20 characters. Please include a capital and a number. More details   Re-enter password   Security questions   Choose up to three questions to answer. These will be used for verification purposes if you ever forget your password.   Question 1   Select a question   Answer   Question 3   Select a question   Answer   Question 3   Select a question   Select a question   Select a question	Your password must contain between 8 and 20 characters and meet at least three of the following rules: • contain a lower case character(s) • contain an upper case character(s) • contain a number (s) • contain a non- alphanumeric character(s) Select at least one security question and enter an answer. This will be used for verification if you ever forget your password.
	Between 8 and 20 characters. Please include a capital and a number. More details Re-enter password  Security questions Choose up to three questions to answer. These will be used for verification purposes if you ever forget your password.  Question 1  Select a question  Answer  Question 3  Select a question  Sign up	Your password must contain between 8 and 20 characters and meet at least three of the following rules: • contain a lower case character(s) • contain an upper case character(s) • contain a number (s) • contain a non- alphanumeric character(s) Select at least one security question and enter an answer. This will be used for verification if you ever forget your password.

	Enter your username and password in the fields provided.
	Your account has been created
	Password
	Between 8 and 20 characters. Please include a capital and a number. More details Forgot your password?
10.	Click on the Log In button.

## Apply for Registration

Follow the steps below to apply for registration:

Step	Action					
1.	Log in to myMCNZ.					
2.	The Home page will	display. C	lick on the <b>Do it</b> NZ ce for the Medical Council of New Zeak	online page.		
	Home Do it online	Profile	Contact	Welcome gradstraining (PGY1 Training)   Logout		
	Welcome to myMCNZ myMCNZ is Council's secure, online environ details. If you want to apply for registration or advise you have made an application you will be ab Currently you can use myMCNZ to update you After you are registered you will be able to • Obtain a copy of your practising certificat • Request a certificate of professional stat • At your practising certificate renewal time • <b>Your recent requests</b> • No recent request. Protecting the public, promoting good medical pre Home   Profile   Do it online   Contact	ment where you can a us you will not be reg le to track your applica our contact information us a, complete your appli as actice. Te Tiaki i te iwi w myMCNZ Help   Medi	iccess our services and manage you istering, please go to 'Do it online'. C stion status. h. cation.	r or		
3.	Click on Begin your	Graduate	application.			

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To mand also be issued with a practising certificate - a time restricted licence to practise in the valuation of the composition and the processo of registration for new graduates starting their internations.    We can find out means graduates application     Recent Requests     Varce mate and the composition of the composition of the composition of the processo of registration for new graduates starting their internations.     Profect Requests     Varce mate and the composition of the composition of the composition of the composition of the processo of registration for new graduates starting their internations.     Profect Requests     Profect Requests     Profect Requests     Profect Repuests     Profect Rep	Once you are qualified, and it doctor. Registration is the pro you a scope of practice.	f you intend to practise in Ne ocess by which Council conf	ew Zealand, you need to gain irms that you are qualified as	registration as a a doctor and assigns	
The calculation of the process of registration for new graduates starting their internation.     Recent Requests   Protecting the public, promoting good medical practice. To Taki I to thi whithui me to whitekatakaranga pai I to mark e pai as kit to that nongot   Recent Requests   Protecting the public, promoting good medical practice. To Taki I to thi whithui me to whitekatakaranga pai I to mark e pai as kit to that nongot   Recent Requests   Protecting the public, promoting good medical practice. To Taki I to thi whithui me to whitekatakaranga pai I to mark e pai as kit to that nongot   Recent Requests   Protecting 1 Potel [ Do to order ] Contact ] mytChill Policy ] Medical Concil webale   Contact Parsonal Details will display.   Checker Option Details and enter your Date of Birth and Gendee   Register as a PGY1   Step2 Details   Protecting Details and f necessary, edit them   Name   Poly I Grad Training   Preferred enail @ test@gence.org nz   Phone   Mobile: C275487222   Postal address   Recent address   Recent address   Recent address   Protecting i genome of update any incorrect personal information before continue	You must also be issued with to renew at least annually, for without this certificate. With a practise medicine within the s responsibility (not the Counci any time that you are practisi	a practising certificate - a ti r as long as you continue to practising certificate you ar scope of practice and condit l's nor your employer's) to e ng.	me restricted 'license to pract practise. It is illegal to practis e authorised, and confirmed a ions specified on your certific nsure that you hold a current	ise' that you will need e in New Zealand competent and fit to ate. It is your own practising certificate at	
	u can find out more about e about the process of reg	practising certificates here on gistration for new graduates	on the Council's website. You starting their internships.	can also find out more	
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tere ; Profile ; Doit online ; Centect ; myMCNZ Heip ; Medical Council website       20244 Medical Council         Step 1 - Personal Details will display.         Check your personal details and enter your Date of Birth and Gende         Register as a PGY1         Step 3 Step 3 Step 5 Step 6 Step 7 Peyment         Declare Step 5 Step 6 Step 7 Peyment         Personal Details         Personal Details and, if necessary, edit them         Name       PGY1 Grad Training       I've changed my name         Preferred email @ testi@mcnz.org.nz       Phone       Mobile: 0275487222         Postal address       Confirmation       Confirmation         Declare review your details above and update any incorrect personal information before continuing	Protecting the public, promoting	good medical practice. Te Tia	iki i te iwi whânui me te whakata	iranga pai i te mahi e pā ai	na ki te taha rongoā
Step 1 - Personal Details will display.         Check your personal details and enter your Date of Birth and Gende         Register as a PGY1         Immon Step2       Step3         Disclosure       Step5         Personal Details         Please review your Personal Details and, if necessary, edit them         Name       PGY1 Grad Training         Preferred email @       test@mcnz.org.nz         Phone       Mobile: 0276487222         Postal address	Home   Profile   Do it online	e   Contact   myMCNZ Hel	p   Medical Council website		© 2014 Medical Cour
Personal Details         Please review your Personal Details and, if necessary, edit them         Name       PGY1 Grad Training         Ive changed my name         Preferred email •       test1@mcnz.org.nz         Phone       Mobile: 0275487222         Postal address	Check your po	ersonal deta	will display. ils and enter	your <b>Date</b> (	of Birth and Gend
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Save & C Note: If you need to change your details, click on the <b>update any</b> ncorrect personal information link.	Check your process of the characteristic check your process of the check your process of	I Details and, if necessary, e PGY1 Disclosures S PGY1 I Details and, if necessary, e PGY1 Grad Training test1@mcnz.org.nz Mobile: 0275487222 dd/mm/yyyy ove and update any incorrect is above are correct	will display. ils and enter ils and enter tep4 step5 Regrid Address dit them a t personal information before ge your detail hation link.	your Date of Step6 Second Action Step6 Second Action Secon	of Birth and Gend

	<b>Note:</b> Clicking on the <b>Save &amp; Continue</b> button will save your application at that point. If you need to log out of myMCNZ, you can return to your
	application later.
6.	<b>Step 2 - Intentions</b> will display. Select your practising intention.
	Register as a PGY1
	Step1         Step2         Step3         Step4         Step4 <th< th=""></th<>
	Your practising intention
	This application must be completed by graduates intending to undertake their internship in New Zealand, and also by those who are not going to be working in New Zealand as a doctor at this time.
	I wish to register as a newly graduated doctor in New Zealand.     Ido not wish to register as a newly graduated doctor in New Zealand.
	Previous Save & Continue
	If you select <b>"I wish to register as a newly graduated doctor in New</b> <b>Zealand.",</b> also enter your university and graduating year.
	I wish to register as a newly graduated doctor in New Zealand.
	Please select which university you are planning on graduating from
	\$
	Please select the year you plan to graduate in
	\$
	If you select <b>"I do not wish to register as a newly graduated doctor in</b> <b>New Zealand."</b> , also select a reason.
	I do not wish to register as a newly graduated doctor in New Zealand.
	Please select a reason
	I have completed my medical degree course, but do not yet have a job in New Zealand. I will apply for medical registration when I have obtained a position.
	I have been appointed to a position overseas and will not be applying for registration in New Zealand at this time.
	I have completed my medical degree course but do not intend to start my intern year at this time. I will contact the Council office if my plans change.
	I have not completed my medical degree course. I will contact the Council office once I have completed my course to ask for information about how to apply for registration.
7.	Click on the <b>Save &amp; Continue</b> button
8.	Step 3 – Disclosures will display.
	Carefully read and answer the questions, then click on the Save & Continue button.

Step1       Step2       Step3       Step4       Step5       Step6       Step7       Payment       Step6       <	
Fitness for registration	
<ul> <li>This information is required (under Section 16 of Health Practitioners Competence Assurance Act 2003) to ensure that no person is registered as a doctor in New Zealand who has not met the required standards, including effective communication (including English proficiency), or whose previous or current health or social students in bioty may pose a risk to public health and safely. If you selected YES to any questions this section, please provide details. For further information please see 'Fitness for registration - A statement for medical students:</li> <li>Mental and physical condition</li> <li>Mery one were been diagnosed with, or assessed as having a mental or physical condition with the capacity for you rability to perform the functions required for the practice of medicine? These include europogical, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to invert, disease or degeneration.</li> <li>wes</li> <li>wes</li> <li>bris</li> </ul> <b>Detect/Discipine Detective for Statement Detective for Statem</b>	
<ul> <li>section, please provide details. For further information please see 'Fitness for registration - A statement for medical students'.</li> <li>Mental and physical condition</li> <li>Have you ever been diagnosed with, or assessed as having a mental or physical condition with the capacity to parbit 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.</li> <li>Yes</li> <li>No</li> </ul> Conduct/Discipline Kovictions or investigation 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). <ul> <li>Yes</li> <li>No</li> </ul>	
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, deease or degeneration.         Wes       Yes         No         Conduct/Discipline         Mave 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         No	
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 or medicine? These include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration.  Yes No Conduct/Discipline Convictions or investigation 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 irreducing 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 XZ applicants), please note your rights under the Criminal Records (Clean Slate) Act 2004 before providing details of any criminal record). Yes No	
<ul> <li>Yes</li> <li>No</li> <li>Conduct/Discipline</li> <li>Convictions or investigation</li> <li>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 XZ applicants), please note your rights under the Criminal Records (Clean Slate) Act 2004 before providing details of any criminal record).</li> <li>Yes</li> <li>No</li> </ul>	
Conduct/Discipline         Convictions or investigation         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         No	
Convictions or investigation         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       No	
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).	
<ul><li>○ Yes</li><li>○ No</li></ul>	
Professional Conduct	
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	
Are you now, or have you ever been (a) the subject of university disciplinary proceedings OR (b) involved	
with the university's fitness to practise committee for any matter (health, competence or conduct) which remains unresolved and/or requires ongoing monitoring and/or support?	
<ul> <li>Yes</li> <li>No</li> </ul>	
Are you currently, or have you ever been, the subject of an investigation, in New Zealand or in another country in prepare of one matter that may be the subject of professional disciplinant proceedings?	
<ul> <li>Yes</li> </ul>	
○ No	
Previous	Save & Con
Step 4 - Employment will display.	
To add your new employment details, click on the <b>+ Add</b>	employmer
link.	
Register as a PGY1	
Step1         Step2         Step3         Step4         Step5         Step6         Step7           Personal         Disclosures         Employment         Regd Address         Declare         Payment	
Proposed Employment	
You don't have an employment for the current date. Please check this is correct before you continue.	
Confirmation	
I confirm that the details above are correct	

10.	Type and select the <b>Organisation.</b> Then enter the <b>Start date</b> and <b>End date</b> (optional). Click on the <b>Add</b> button when all the required information is entered.           Add employment         ×           Organisation III         Image: Constant of the const
	Start date     End date (optional)       e.g. 21/04/2013     Image: Cancel
11.	When you have entered your employment details, tick the confirmation checkbox and click on the <b>Save &amp; Continue</b> button.
12.	<ul> <li>Step 5 – Registered Address will display.</li> <li>Review your registered address information and if required, click on the Use another address as my registered address link to change your registered address.</li> <li>Note: Your registered address will appear on the public medical register and may be shared with approved organisations and individuals. We</li> </ul>
	strongly encourage you use your proposed employment address as your registered address. Register as a PGY1          Step1 • Step2 • Step3 • Step4 / Employment • Step5 / Registered address         Registered address
	Your register address will appear on the public medical register and may be shared with approved organisations and individuals. We strongly encourage you use your proposed employment address as your register address.
	We strongly recommend that you do not use your residential address. If you do not want your registered address to appear on the medical register, select the confidentiality box below.
	Registered address
	By default we will use your proposed employer's address Capital and Coast District Health Board, Private Bag 7902, Newtown, Wellington 6242
	Use another address as my Registered address
	Confidentiality Confidential Confidential Confidential
	Previous Save & Continue
13.	Click on the Save & Continue button.
14.	<ul> <li>Step 6 – Declare will display.</li> <li>Review your application and if necessary, click on the corresponding Go</li> <li>back and edit link.</li> </ul>

Step1 Personal Step2 Intentions	Step3 Disclosures Step4 Employment Step5 Regid Add	ress Step6 Declare
Review your appli	cation	
1. Personal	Date of Birth: 21/06/1979 Gender: Female	Go back and edit
2. Intentions	I wish to register as a newly graduated doctor in New Zealand. University: University of Auckland Graduation Year: 2018	Go back and edit
3. Disclosures	Affected by a mental or physical condition: No Subject to a police investigation, criminal charge, and/or criminal proceeding: No Haven't participated during your medical degree for more than two months: No Subject to a university disciplinary proceeding or university's fitness to practise committee: No	Go back and edit
I. Employment	Subject to a professional disciplinary proceeding: No Added: Capital and Coast District Health Board - House Officer in General Medical or Surgical runs, Start date:	Go back and edit
Registered Address	Capital and Coast District Health Board, Private Bag 7902, Newtown, Wellington	Go back and edit
	6242	
ead the <b>Declar</b> a	ation and select the tick box as o	confirmation.
Declaration  I certify that I am the person named in the given, and any furthe correct.  I understand that the Act 1993) concerning Council or its agents of the information so voluntarily, refusing the	ation and select the tick box as a person who is applying for registration in New Zealand qualifications listed on this application, and that all info er information I may later give, in relation to this applicat e Council may obtain further information (within the prov g this application and I consent to the collection of such is subject to the Council notifying me of the person who v ught. I further understand that although I provide this fu to do so may affect the Council's consideration of my ap	confirmation.
ead the Declara Declaration I certify that I am the person named in the given, and any furthe correct. I understand that the Act 1993) concerning Council or its agents of the information so voluntarily, refusing the I authorise the Coun- 1993) to other agence necessary (e.g. to Di	ation and select the tick box as a person who is applying for registration in New Zealand qualifications listed on this application, and that all info er information I may later give, in relation to this applicat e Council may obtain further information (within the prov g this application and I consent to the collection of such subject to the Council notifying me of the person who v ught. I further understand that although I provide this fu to do so may affect the Council's consideration of my ap cil to disclose information about me (within the provision i.es, if the Council believes on reasonable grounds that HBs / employers, Immigration NZ, medical colleges, etc	confirmation.
ead the Declara Declaration I certify that I am the person named in the given, and any furthe correct. I understand that the Act 1993) concerning Council or its agents of the information so voluntarily, refusing the I authorise the Coun- 1993) to other agence necessary (e.g. to Di I understand that the my application for re- the purposes of cons- incomplete information acknowledge that:	ation and select the tick box as a person who is applying for registration in New Zealand qualifications listed on this application, and that all info er information I may later give, in relation to this applicat e Council may obtain further information (within the prov g this application and I consent to the collection of such subject to the Council notifying me of the person who v ught. I further understand that although I provide this fu to do so may affect the Council's consideration of my ap cil to disclose information about me (within the provision ise, if the Council believes on reasonable grounds that HBs / employers, Immigration NZ, medical colleges, etc e information I have provided, and any further information gistration is to be relied on, and used by, the Registrar sidering my application and that providing false, mislead on may result in the cancellation of my registration and	confirmation. , that I am the rmation I have tion is true and isions of the Privacy information by the will be contacted and rther information oplication. In of the Privacy Act the disclosure is :.). In I may provide, in and the Council for ting, or intentionally other penalties. I
Read the Declara Declaration  I certify that I am the person named in the given, and any furthe correct. I understand that the Act 1993) concerning Council or its agents of the information so voluntarily, refusing t I authorise the Coun 1993) to other agenc necessary (e.g. to DI I understand that the my application for re- the purposes of cons incomplete informatii acknowledge that: Section 146 of the I they obtained registr they were not entitled	ation and select the tick box as a person who is applying for registration in New Zealand qualifications listed on this application, and that all info er information I may later give, in relation to this applicat e Council may obtain further information (within the prov g this application and I consent to the collection of such subject to the Council notifying me of the person who v ught. I further understand that although I provide this fu to do so may affect the Council's consideration of my ap cil to disclose information NZ, medical colleges, etc e information I have provided, and any further informatio gistration is to be relied on, and used by, the Registrar sidering my application and that providing false, mislead on may result in the cancellation of my registration and HPCAA allows the Council to cancel a person's registra- tation by making a false or misleading representation or d to be registered.	confirmation.

16.	Authentication	<b>on</b> - Enter your myMCNZ password in the box provided to identity.			
	Authentication				
	Please enter your password	J again, to confirm your identity.			
	Password	aganı, o orinni yon noriny.			
	Retween 8 and 20 characters. P	ease inclusie a social and a number. More details			
	between 6 and 20 characters. P	ease include a capital and a number, inclu details			
	Previous	Save & Continue			
17	Click on the <b>S</b>	ave & Continue button			
18.	Step 8 – Payı	nent will display.			
	Devieter es e D				
	Register as a F	PGY1			
	Step1 Personal Step2 Intentions	Step3     Step4     Step5     Step7       Disclosures     Employment     Reg'd Address     Declare     Step7			
	Vour fee will be \$22	11.95 Including GST.			
	How would you like	e to pay?			
	If you are paying by <b>Accou</b> Once you click <b>Continue</b> , y application will be automatic the processing of your appli	nt2Account or Credit Card, please have all your payment information ready. ou will only have 10 minutes to make your payment. After that time, your ally submitted to Council without the confirmation of payment and this may delay cation.			
	If you do not have your pays details in this form have bee	ment information ready, you can return to this page at a later date – all your n saved.			
	Account2Account >	Account2Account payments will incur an additional charge of \$2.20			
		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.			
	Credit card >	Credit card payments will incur an additional charge of \$2.63			
		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. <b>Note:</b> We only accept Visa and MasterCard.			
	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.			
	Cheque >	Payment instructions will appear on the next page.			
		Your application will not be considered until payment is received.			
	Previous	Continue			
	Select your p	ayment method. If you select:			
	• Account2Account or Credit card - Click Continue. 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: P click Co paymer submitt may de	lease have all your payment information ready. Once you <b>ntinue</b> , you will only have <b>10 minutes</b> to make your nt. After that time, your application will be automatically ted to Council without the confirmation of payment and this lay the processing of your application.			



20.	You will also be emailed a confirmation of your application, along with the relevant attachments.
	E      C      C      C      C
	NESACE       DUNLORIE       Machine formation         WESACE       DUNLORIE       Machine formation       Find the formation         Support       Xappy       Support       Texmining       Support         Support       Xappy       Support       Support       Support       Support         Support       Xappy       Support       Support       Support       Support       Support         Delete       Reply do blete       Texmining       Texmining       Support       <
	Message DApplication pdf (257 48) Devoice pdf (255 48) Devoice pdf (255 48)
	Medical Council of New Zealand Protecting the public, promoting good medical practice Te taik I te win whinu me te whakatairanga pail te mahi e pä ana ki te taha rongoi
	Reference: 29294 Dear PGY1
	Thank you for your registration as you embark on your first year of medical practice (PGY1).
	<ul> <li>copy of your application</li> <li>copyrof your application</li> <li>coversheet</li> <li>invoce</li> </ul>
	Please review and print your coversheet, it details everything you need to do to progress your application. You will need to include the coversheet with all the documentation you need to provide to the Medical Council by post.
	To complete your application for registration please send us the following: • an original certified copy of verification of your identity (passport or N2 driver's licence) • your job offer • payment (fry on knewit already paid online) • other supporting documentation (f required)
	We will start processing your application when we have received any outstanding items and payment. You can track the status of your application by bigging into your myMCNZ account.
	<b>Important</b> : If you need to send us any item by post, including cheques, please include the coversheet.
21.	You can check the status of your application from the <b>Do it Online</b> page
	on myMCZ.
	Recent Requests
	Application Started/completed dates Status Outcome Invoice Receipt
	PGY1 Started: 27/03/2018 O Being Processed MCOI15588345 MCOR25588345