



Application for registration in New Zealand

Part B: This form is to be accompanied by Part A [checklist] and all documents required on checklist

REG1 – August 2017

For office use only

Registration no:

PO Box 10 509, The Terrace, Wellington, 6143, New Zealand
Level 28 Plimmer Towers, 2-6 Gilmer Terrace Wellington, 6011, New Zealand (for packages) Contact: +64 4 384 7635 – 0800 286 801 – registration@mcnz.org.nz

PLEASE READ THE FOLLOWING. IT CONTAINS IMPORTANT INFORMATION.

- All sections of this form are to be completed with the appropriate checklist, documentation and application fee, before **sending it to your employer or agent** who will complete the application and send it to the Council office. Use the relevant checklist to ensure the application is complete.
- The information on this form is to enable the Council to consider whether you should be entered on the medical register, and, if so registered, to maintain a summary of your employment and registration details. This is personal information in terms of the Privacy Act 1993 and you may therefore apply to view it at any time and correct it if necessary.
- If your application is approved and you are registered, items marked with ⚙ will appear on the medical register.
- The medical register is a public document. It shows your registered scope of practice, any conditions on your scope, your practising certificate details and any suspension from the register, including conditions relating to that suspension. If you do not wish your address to appear in the medical register you must notify the Council in writing.
- Items marked ⚙, and those marked ⚙⚙ will be made available to the Ministry of Health under a data provision agreement for the purposes of the Health Practitioners Index.
- This application will be considered under the Health Practitioners Competence Assurance Act 2003 (or HPCAA), and associated Medical Council of New Zealand policies.

SECTION 1 – Personal identification and contact details

(i) **Name** – Show given names from your passport or birth certificate, unless your name has been legally changed (eg by deed poll)

⚙ Family name

⚙ Given names

⚙ Other names (unmarried name, name change, alias, etc)

If names differ from those on your medical qualifications and passport, please tick box to show reason and provide certified documentation as evidence of the name change.

☐ marriage ☐ deed poll ☐ common use ☐ other (explain)

(ii) **Identification** – This information may be disclosed to overseas registration authorities to verify your identity.

⚙⚙ Date of birth (day, month, year)
/ /

⚙⚙ Gender

Male

☐

Female

☐

(iii) **Contact details** – All written communications will be sent to your contact address. Please print clearly in BLOCK letters.

Contact address

Email address

Phone

Fax

Other (mobile)

(iv) Qualifications – a) qualification obtained on completion of a primary medical degree course and b) postgraduate medical qualification obtained on completion of postgraduate training (if relevant).		
a) Name of primary medical qualification	★ Abbreviation	
★ Year graduated	★ Graduating university	Country
b) Name of postgraduate medical qualification		★ Abbreviation
★ Year awarded	★ Awarding university/college	Country

SECTION 2 – Fitness for registration
This information is required (Section 16 of HPCAA) to ensure that no person is registered as a doctor in New Zealand who has not met the required standards of effective communication or English competency, or whose previous or current health or conduct may pose a risk to public health and safety.

(i) English communication and comprehension		
All applicants for registration must satisfy Council that they are able to comprehend and communicate effectively in English by meeting one of the requirements listed below. Please tick the box below that applies. You are not eligible for registration unless you are able to meet one of the requirements.		
(a) Did you complete your primary medical qualification in New Zealand?	Yes	<input type="checkbox"/>
(b) Is English your first language and do you have an acceptable primary medical qualification from Australia, the United Kingdom, the Republic of Ireland, the United States, Canada or a South African medical school where English is the sole language of instruction?	Yes	<input type="checkbox"/>
(c) Have you completed at least 24 months full time equivalent of a health-related postgraduate qualification (diploma, masters or PhD) at an accredited New Zealand university within the 5 years immediately prior to application and have you provided references from two professors from an accredited New Zealand university who are registered as doctors in New Zealand and who speak English as a first language? The referees must be able to attest to your ability to read, write, speak and understand spoken English.	Yes	<input type="checkbox"/>
(d) Have you worked continuously as a registered medical practitioner in an institution where English was the first and prime language for a period of at least 2 years within the 5 years immediately prior to submitting this application and have you provided referees who are suitable senior medical practitioners who speak English as a first language, and who can attest to your ability to comprehend and communicate effectively in English in a clinical setting with both patients and professional colleagues? Referees will be contacted for confirmation directly by the Council, or by an employer or recruitment agent.	Yes	<input type="checkbox"/>
(e) Were you registered with the Medical Council of New Zealand on or after 18 September 2004 and was your registration cancelled for administrative reasons (and not as a result of an order of the Health Practitioners Disciplinary Tribunal or a direction by the Council under section 146 or 147 of the HPCAA) and have you provided references from suitable senior medical practitioners registered in New Zealand who can attest to your ability to comprehend and communicate effectively in English in a clinical setting with both patients and professional colleagues? Referees will be contacted for confirmation directly by the Council, or by an employer or recruitment agent.	Yes	<input type="checkbox"/>
(f) Have you passed the Academic Module of the International English Language Testing System (IELTS) by achieving a minimum of the following within the same result (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand*):	Yes	<input type="checkbox"/>
<ul style="list-style-type: none"> • Speaking 7.5 • Listening 7.5 • Writing 7.0 • Reading 7.0 		
(g) Have you passed the Medical Module of the Occupational English Test (OET) by achieving a minimum of 'A' or 'B' in each of the four components (reading, writing, listening and speaking) within one result (must be dated within 2 years of your application being submitted to the Medical Council of New Zealand*).	Yes	<input type="checkbox"/>
*Candidates who pass the NZREX Clinical will not be required to meet the English language requirements again for the purposes of registration, provided the NZREX Clinical pass is still valid (valid for 5 years of the date of the examination passed).		

(ii) 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, disease or degeneration.

☐

Yes

☐

No (If No, please go to question (iii) below.)

If yes, please provide full details of condition(s), duration of any treatment, name and contact details of treating practitioner(s), involvement of university/medical school. If information is not provided, a Council staff member will contact you.

If yes, can Council staff contact your treating practitioner(s) for further information?

☐

Yes

☐

No

If information about your condition(s) has not been provided or you answer 'No', your application for registration may be delayed.

(iii) Conduct/character

Convictions or investigations– 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 (If yes, please attach relevant documents, eg a certified copy of your conviction notice(s)).

☐

No

Professional conduct – If you answer yes to any of the questions below, please provide the following with your application:

- a description of event(s) on a separate sheet (include claimant's name, date of incident, place of incident, date of claim and incident summary, outcome and date of outcome)
- any documentation available (court documents, legal correspondence, correspondence from your insurance company, correspondence from the university or regulatory authority(ies))
- certificates of good standing from every jurisdiction where you have worked for the previous 5 years, and from any jurisdiction(s) where the investigation(s) or proceeding(s) occurred (even if this was more than 5 years ago).
-

(a) 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

(b) Are you now, or have you ever been, the subject of university disciplinary proceedings?

☐

Yes

☐

No

(c) Are you currently, or have you ever been, the subject of an investigation, in New Zealand or in another country, in respect of any matter that may be the subject of professional disciplinary proceedings?

☐

Yes

☐

No

(d) Are you currently, or have you ever been, the subject of civil proceedings related to competence or negligence issues?

☐

Yes

☐

No

(e) Have you ever been refused medical indemnity insurance cover or had your premiums raised because of professional conduct, competence or negligence related claims?

☐

Yes

☐

No

(f) Have you ever breached any code of ethics relating to boundary issues regarding patient relationships?

☐

Yes

☐

No

(g) Are you currently (or have you ever been) the subject of an order of any of the following (relating to conduct):

New Zealand Health Practitioners Disciplinary Tribunal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overseas medical disciplinary tribunal or similar tribunal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Council of New Zealand or similar registration authority overseas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(iv) **Professional competence** – If you answer yes to any of the questions below, please provide the following with your application:

- a description of event(s) on a separate sheet (date of incident, place of incident, incident summary, outcome and date of outcome)
- any documentation available (court documents, legal correspondence, correspondence from your insurance company, correspondence from the regulatory authority(ies))
- certificates of good standing from every jurisdiction where you have worked for the previous 5 years, and from any jurisdiction(s) where the investigation or proceedings occurred (even if this was more than 5 years ago).

(a) Are you currently (or have you ever been) the subject of a competence inquiry with a registration authority or employer?

☐ Yes ☐ No

(b) Have you ever had your employment as a doctor terminated on the grounds of poor performance or had your practising privileges restricted?

☐ Yes ☐ No

(c) Have you ever had your medical licence, certificate of registration or permit to practise medicine suspended, restricted or revoked?

☐ Yes ☐ No

(d) Have you ever voluntarily surrendered your medical licence, certificate of registration or permit to practise medicine for any reason other than avoidance of a renewal fee?

☐ Yes ☐ No

(e) Have you ever had conditions imposed on your registration?

☐ Yes ☐ No

(f) Have you ever had conditions imposed on your licence/practising certificate or equivalent?

☐ Yes ☐ No

(g) Have you ever had an application for registration declined, or been refused a licence/practising certificate or equivalent?

☐ Yes ☐ No

SECTION 3 – Registration history

Please give details of medical registration/licensure in other jurisdiction(s). If your application is approved, Council will require original certificates of good standing (CGS) from each jurisdiction you have worked in for the last 5 years before you can start work. If you have not made a disclosure above, these do not need to be submitted with your application for registration. To be current, your CGS(s) must be dated within 3 months of the date you start your employment in New Zealand.

Country/State	Period registered (from-to)	Registration status

SECTION 4 – Medical training and work experience

(i) Postgraduate experience (first 12 months' work as a qualified medical practitioner)

Did you complete a supervised rotating internship after finishing your medical degree?

Yes (please provide details below)

No [go to (ii) below]

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Registration authority	Country
<i>Eg mm/yy – mm/yy</i>	<i>House officer</i>	<i>Internal medicine</i>	<i>Hospital X</i>	<i>Council of X</i>	<i>XXX</i>

(ii) Work History

Please provide your work history below. It must be provided in chronological order beginning with your completion of medical school (excepting first 12 months if provided above). Any employment gaps of 3 months or more must be explained. You can use more than one sheet if necessary.

[illegible]

SECTION 5 – Professional referees

Please provide details of three referees the Council can contact for information on your fitness for registration and competence to practise medicine.

(i)	Title and name			
	Address			
	Relationship to you			
	Dates worked together	From:	To:	
	First language of referee			
	Phone	Fax	Email	

(ii)	Title and name			
	Address			
	Relationship to you			
	Dates worked together	From:	To:	
	First language of referee			
	Phone	Fax	Email	

(iii)	Title and name			
	Address			
	Relationship to you			
	Dates worked together	From:	To:	
	First language of referee			
	Phone	Fax	Email	

SECTION 6 – Employment

You must have an offer of employment before you can apply for registration. Please provide the details of your employment.

Place of work						
Area(s) of medicine						
Level of appointment						
Contact person						
Proposed length of employment/contract	From:	/	/	To:	/	/
<input type="checkbox"/> I have notified my NZ employer of any disclosures made within section 2 (iii & iv) with regards to conduct/character and professional competence.						

SECTION 7 – Declaration

In making the following declaration, I confirm that I am aware that Council will make a decision on my registration in reliance on the information I have provided in my application and that the provision of false, misleading, or intentionally incomplete information may result in the cancellation of my registration and other penalties. I understand this includes:

Section 146 of the HPCAA allows the Council to cancel a person's registration if satisfied that they obtained registration by making a false or misleading representation or declaration; or that they were not entitled to be registered.

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.

- I certify that I am the person who is applying for registration as a medical practitioner in New Zealand, that I am the person named in the qualifications listed on this application, and that the information I have given above and in support of this application is true and correct.
- I understand that the information that I have provided is to be used by the Council and its agents for the purposes of considering my application, and may be disclosed to agents of the Council for these purposes.
- I understand that the Council is authorised under the HPCAA to obtain further information from me or any other person or organisation 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 questions that will be asked of them. 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 another agency(ies), if the Council believes on reasonable grounds that the disclosure is necessary (eg DHBs / employers, NZ Immigration Service, medical colleges, etc).
- I understand that I am entitled to access the information held by the Council regarding this application by a request in writing and that I may request amendment of any information that is not correct.

Applicant's signature _____

Date _____

SECTION 8 - Application Fee (Non refundable)

For a current list of Medical Council fees please visit <http://www.mcnz.org.nz/get-registered/fees-forms-and-checklists/#Content-h2-7>

- ☐ Credit card: Once your application has been received payment details will be emailed to the email address you have provided on this form.
- ☐ Cheque enclosed: (NZ\$), please print your full name on the back of the cheque

For office use only:

Applicant's name:

Reference/registration No:

Workflow ID: