



## Research

### Part A: Checklist for registration in New Zealand

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Contact: +64 4 384 7635 – 0800 286 801 – [registration@mcnz.org.nz](mailto:registration@mcnz.org.nz)

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For office use only

Reference No:

#### PLEASE READ THE FOLLOWING, IT CONTAINS IMPORTANT INFORMATION.

- An application for registration in New Zealand consists of: **(A) checklist** and **(B) application form (REG1)**.
- Both parts must be completed and sent to your employer who will complete the application and send it to the Council office.
- To find out what documents you need to have primary source verified visit this [page on our website](#).
- If the application is approved by Council you will need to provide an **original certificate of good standing** from every jurisdiction you have worked under for the previous **5 years (issued within the previous 3 months)**.
- If you satisfy all the criteria, you will be registered within a special purpose scope of practice for the duration of the appointment. **This is not a pathway to permanent registration.**
- Requirements for registration with a special purpose scope are detailed at [www.mcnz.org.nz](http://www.mcnz.org.nz).
- Incomplete applications will not be processed. If you need help completing your application please contact the Council office; phone +64 4 384 7635 or 0800 286 801, or email [registration@mcnz.org.nz](mailto:registration@mcnz.org.nz).

#### SECTION 1 – Criteria to satisfy for registration within this pathway

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you hold an acceptable primary medical qualification? Please see <a href="http://www.mcnz.org.nz">www.mcnz.org.nz</a> for the criteria. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does the research project have the approval of a formally constituted ethics committee in New Zealand?                                     |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you agree that no clinical work other than that involved in the research project may be undertaken?                                     |

#### SECTION 2 – Documentation that must be provided with the application

##### To be submitted by applicant:

- |  |   |
|--|---|
| <input type="checkbox"/> Part A checklist completed  | <input type="checkbox"/> Part B (REG1) application form completed   |
| <input type="checkbox"/> IELTS or OET result (only if required to meet English language requirements – see section 2 of REG1 form)   | <input type="checkbox"/> Application fee – see REG1 form  |
| <input type="checkbox"/> If you have made a competence or conduct disclosure: <ul style="list-style-type: none"><li>• certificates of good standing from every jurisdiction where you have worked for the previous 5 years</li><li>• certificates of good standing from any jurisdiction(s) where the investigation(s) or proceedings occurred (even if this was more than 5 years ago)</li></ul>  | <input type="checkbox"/> Copy of identity detail page(s) from your passport   |
| <input type="checkbox"/> Before submitting your application for registration you must submit your required documents to EPIC for primary source verification ( <a href="#">see this link for what documents must be verified</a> ). As you upload each document to EPIC, please ensure you select the Medical Council of New Zealand to receive a notification that the document has been submitted for verification. If you have already had your documents verified by EPIC, please make the report available to the Medical Council of New Zealand. | <input type="checkbox"/> Current curriculum vitae: <ul style="list-style-type: none"><li>• employment must be provided in a chronological order by month and year</li><li>• any periods worked for less than 30 hours a week must be clearly identified as part-time</li><li>• any employment gaps of 3 months or more must be explained.</li></ul> |

EPIC ID Number: C-\_\_\_\_\_

##### And, if applicable, copies of:

- |  |   |
|--|---|
| <input type="checkbox"/> Evidence of name change(s) – ie marriage certificate, deed poll, affidavit or statutory declaration | <input type="checkbox"/> Conviction notice(s)   |
| <input type="checkbox"/> Relevant medical reports  | <input type="checkbox"/> Disciplinary decisions, explanation of event(s), relevant correspondence, court documentation, certificates of good standing |

**To be submitted by proposed employer:**

- Form REG3 - approval of position and supervisor
- Evidence of ethics committee approval
- Letter of appointment
- Three recent references (preferably on the RP9 form – application processing may be delayed if the reference does not provide adequate information about the applicant and referee). References must be:
  - from senior medical colleagues familiar with the applicant’s clinical practice within the 3 years immediately prior to application
  - from doctors working in same area of medicine in which the applicant will be working in New Zealand
  - signed by referees within 6 months of Council receiving application.

**SECTION 3 – Declaration and signature of applicant**

I understand that registration within a special purpose scope is not a pathway to permanent registration in New Zealand and agree to my registration being cancelled when my appointment in New Zealand ends.

Applicant’s signature	<input type="text"/>	Date	<input type="text"/>
Print name	<input type="text"/>		

**SECTION 4 – Signature of employer or applicant’s nominated agent**

- I acknowledge that all information relevant to the question of registration collected and retained by the applicant and/or the applicant’s nominated agent has been disclosed to the Medical Council of New Zealand (Council).
- I further confirm that should any information that may be relevant to the question of registration come into the possession of the applicant and/or the applicant’s nominated agent, such information will be disclosed to Council as soon as is practicable.
- I consent to the disclosure of relevant information to agencies outside Council where such disclosure may be necessary to safeguard the health and safety of the public.

Employer and/or applicant’s nominated agent	<input type="text"/>	Date	<input type="text"/>
Print name	<input type="text"/>		