of Ne	al Council tw Zealand	• P • N	GY1/PC IZREX p				intern	ship		INTERN NZREX PGY1,2 GEN Aug 2017	
PO Box 10509, The Terrace, Wellington, 6143, New Zealand Level 28 Plimmer Towers, 2-6 Gilmer Terrace, Wellington, 6011, New Zealand SCAN and EMAIL to <u>verification@mcnz.org.nz</u>											
Personal details:											
Medical Council registration number											
Name	2:				Fo	rmer name	es:				
Date o	of birth:	Gender:									
Address for register - NZ or overseas. Registered address is public information:											
								Р	ostcode:		
Confir	rm email										
Requirements:											
Please indicate which letter required by ticking the appropriate box (1 year internship changed to 2 year internship Nov 2014)											
		iternship valid until Nov 2014									
		mation of internship completed and general scope (before/in Nov 2014), or									
	Confirmation of NZREX pass and completion of internship and general scope (before/in Nov 2014) or										
		ar internship from Nov 2014									
		IZREX, PGY1 and general scope (<u>1st year completed only</u>) granted from Nov 2015 or									
	Confirmation of NZREX, PGY1 and PGY2 (full internship completed) granted from Nov 2016 or										
Confirmation of PGY1 and general scope (<u>1st year completed only</u>) granted from Nov 2015 or											
	PGY1 and PG	iY2 (full i	nternship com	pleted) granted fr	om Nov	2016					
Send letter to:											
Post to :											
Email to:											
Payment: A non-refundable application fee applies.											
For a current list of Medical Council fees please visit our website here. Cheque enclosed (payable to: Medical Council of New Zealand)											
Visa (card processing fee will also apply) Mastercard (card processing fee will also apply)											
Card number											
Name	e on card										
Cardh	older's signat	ure						Date			