

Training Registrar – Recertification confirmation Exemption from enrolling with *Inpractice*¹

CPD7 –	Nov 2	2014
Registra	ation r	io:

Objective

To confirm that the doctor named is enrolled and actively participating in a formal vocational training programme.

Your details		
Name:	MCNZ registration no:	
	WICNZ TEGISTIATION	
Council's approved recertification programme You must undertake to do what is necessary t	ogramme in order to be exempt from enrolling in <i>Inpractice</i> , e for doctors in a general scope . to ensure your knowledge and skills relevant to the work you ard, to protect the health and safety of the public.	
Name of vocational training programme:		
Vocational scope of practice:		
Supervisor of training		
Name:	Date:	
Signature:	MCNZ registration no:	
 Must be sufficiently aware of the doctor's pracompetent to do the work he or she is doing a Must be registered in the same vocational scot Legal liability	ne doctor participating in the vocational training programme. Actice to be able to confirm to the Council that the doctor is at the time he or she applies for a practising certificate. Ope of practice as the doctor is training in.	
those they supervise.		
and that I will inform Council should I withdrain the future	d participating in the training programme named above, aw / be excluded from the programme at any point the vocational training programme named above.	
Signature:	Date:	
	email pc@mcnz.org.nz this form to the Council office:	

 $^{^{\}rm 1}$ Council's approved recertification programme for doctors in a general scope of practice