



2017

Protecting the public, promoting good medical practice Te taiki i te iwi whānui me te whakatairanga pai i te mahi e pā ana ki te taha rongoā

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Introduction

What is myMCNZ?	myMCNZ is a web based system that will enable practising doctors to view their details, change their personal details, request online documentation and complete their yearly practising certificate online.	
Browser requirements	To use myMCNZ you must be using one of the following internet browsers:	
	 Internet Explorer (IE) version 8 or above 	
	Google Chrome version 29	
	 Mac Safari with Mac iOS X v10.8 "OS X Mountain Lion" 	
	Firefox version 23	
	 Safari on iOS Version 6.0 (iPad & iPad mini) 	
	• Mobile Stock browser on Android Version 4.3 (Tablets 10.1 to 7 Inch screens)	
Where to get	If you require help with using myMCNZ, you can:	
help	$= \text{Ping } 0800 286 801 \text{ (Now Zoaland calls only) or +64.4.284.7625 \text{ (International)}$	
·	 king 0800 286 801 (New Zealand Cans only) of +64 4 384 7635 (International) during business hours (Monday to Friday, 8:30am – 5pm). 	
	 Email the MCNZ IT HelpDesk at <u>myMCNZhelp@mcnz.org.nz</u>. 	
	• Send a query through the <u>Contact Us</u> page on our website.	

Accessing myMCNZ

Introduction All doctors on the Medical Register will receive a letter from the Medical Council of New Zealand containing a PIN number. This is required to log in to myMCNZ for the first time.

Accessing myMCNZ for the first time Follow the steps below to access myMCNZ for the first time:

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 myMCNZ button.	
	File Edit: Wew Favorites Tools Help	
	👷 Pavottes 📢 Home 🙀 * 🗊 - 🖾 👼 * Page + Safety + Tools + 🐏 *	
	Medical Council	
	To Kaunihera Rata o Actearoa	
	Hame Cat Majobale Elfaces to Support for Maus and About us	
	registered registration practise doctors publications Addit us	
	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	
	public practising in New Valuation of the second se	
	Zealand Zealand Prevocational training requirements The Council is implementing a series of	
	Making a complaint Statements - standards for doctors Registration self assessment tool changes to prevocational training Health and Disability Commissioner Fees, forms and checktists How to register Zealand Mare	
	List of registered doctors Fitness to practise Registration in New Zealand policy The doctor patient relationship Change your personal details Setting in New Zealand Ebola virus disease and responsibilities	
	Control Contro Control Control Control Control Control Control Control Control C	
4.	The Log in page will display.	
	Click on the Sign Up now link.	
	Medical Council myMCNZ To Kumbers Rata Online resource for the Medical Council of New Zealand	
	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	
	Protecting the public, promoting good medical practice. Te Tiaki te iwi whânui me te whakatairanga pai i te mahi e pâ ana ki te taha rongoă	
	myMCNZ Help Medical Council website © 2014 Medical Council of New Zealand	

5 The Sign up – Step 1 page will display	
5. Finter the required information in the fields provid	ed
	cu.
Sign up to muMCNZ	
Sign up to mywork2 This is Step 1 of 2 : Verification	your registration
numbe	r or reference
MCNZ ID number 0	1.
This is	the surname that
Surname is used	in the letter or
email s	ent to you.
PIN Ø	
If you've not received a PIN number yet, please request a PIN. This is the	the PIN Number
that wa	as sent to you
	ICINZ.
As a se	curity measure
I'm not a robot	the "I'm not a
Privacy - Terms robot"	tick box. You may
also ha	ve to select
Continue Back to login certain	pictures from a
group.	
6. Click on the Continue button.	
Note: If you have three failed login attempts, you	will need to wait 30
minutes before you can try again.	
7. The Sign Up – Step 2 page will display.	
Enter the required information in the fields provid	ed
Sign up to myMCNZ 6 and 20 cl	sername between
Step 2 of 2: Your details what you y	vill use when you
Username 💿 login to my	MCNZ in the
Between 6 and 20 letters and numbers only. future.	
Password 💿	
Between 8 and 20 characters. Please include a capital and a Your passw	vord must contain
number. More details between 8	and 20 characters
and meet a	at least three of
Security questions the followi	ng rules:
Choose up to three questions to answer. These will be • Contain a	lower case
password.	
Question 1 character/u	
Select a question	number (s)
Answer • contain a	non-
alphanume	eric character(s)
Select a question ¢	
Answer Select at le	ast one security
question a	, nd enter an
Question 3 answer. Th	is will be used for
Select a question + verification	n if you ever forget
Answer your passw	vord.
Signup	
Sign up	
8. Click on the Sign Un button	

	Enter your username and password in the fields	provided.
	Log in	
	Vour account has been created	
	Username	
	Password	
	Between 8 and 20 characters. Please include a capita number. More details Forgot your password? Log in	al and a
10.	Click on the Log In button.	
11.	Your Home page will display. Implementation Implementation	
	Home Do it online Profile Contact Weld	come Documentation (Dr myMCNZ Training) Logout
	 To continue practising legally you must Renew Your Practising Certificate before 15/08/2014 View the guide to completing the Practising Certificate Renewal form (PDF) 	Welcome back, Dr myMCNZ Training
	Welcome to myMCNZ When your practising certificate is due to expire, you can renew it here. You can also use myMCNZ to:	You last logged in on Wednesday, 27 August 2014 at 10:29 a.m. If you believe this is incorrect, Please contact us immediately.
	Obtain a copy of your practising certificate Request a certificate of good standing Update your profile New feature coming soon: New registrations.	Your profile Registered address
	Your recent requests	Flat 203 Phoenix Apartments 135 Grafton Road GRAFTON AUCKLAND
	Practising Certificate Started: Not Started 27/08/2014 Apply >	1010 edit Current Employment Specialist in Anaestheaia Auckland District
	Practising Certificate Started: 28/07/2013 Completed: 28/07/2013	Health Brand Specialist in Anaesthesia Counties Manukau District Health Board Contact us if the above is incorrect
	Practising Certificate Started: 16/08/2012 Completed: 24/08/2012	

Follow the steps below to request a PIN number:

Haven't received a letter containing your PIN number?

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 myMCNZ button.
4.	Click on the Sign Up link.
5.	Click on the request a PIN link.
6.	This will take you to the Contact Us page, where you can send us an
7	enquiry.
	Enclose frequences and must be completed. Num Fields denoted with an * are required and must be completed. Num Enquiry subject * Request a PIN MCHZ number (if applicable) Email address * Details * Serd a copy of this form to my email address Serd a copy of this form to my email address Serdences * Serdenc
R	Click on the Send enquiry button
0. 0	Your request has been sent and you will hear from us when it has been
Э.	rocessed
1	processeu.

Accessing myMCNZ Follow the steps below to access myMCNZ:



Follow the steps below to reset your password:

Forgotten your password?

Sten	Action
1	Open your Internet browser.
2	Go to the Medical Council of New Zealand website:
2.	https://www.mcnz.org.nz/
3.	Click on the mvMCNZ button.
4.	Click on the Forgot your password? Link.
	Medical Council of New Zatarian Te Kaunihera Rata o Actestos
	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 nave a mymory2 account / sign up now
	Protecting the public, promoting good medical practice. I e i laise i te wit whahu me te whakataranga pai i te mah e pa ana is te tana rongoa myMCNZ Help Medical Council website © 2014 Medical Council of New Zealand
5.	Enter your username and tick the "I'm not a robot" box.
	Forgot Password
	Username 💿
	If you have forgotten your username contact us
	I'm not a robot
	Continue Back to login
6	Click on the Continue button
0. 7	An email will be sent to your email account containing a temporary
7.	password and a link to access myMCNZ.
	Note : This email is only valid for two days.
8.	Click on the link inside your email.
9	Enter your username and temporary password
5.	Litter your username and temporary password.

	Access your myMCNZ account Step 1: Enter temporary password Username Temporary password This can be found in the email we sent you. Next
10.	Click on the Next button.
11.	Note: These are the questions you created when you first signed up to myMCNZ. Access your myMCNZ account Step 2: Venity your identity For security reasons, we need to verify who you are. Select one of the security questions below and enter the same answer you provided us with when you signed up for your myMCNZ account. What is the name of your first school? In what city or town did you meet your spouse/significant other? Continue
12.	Click on the Continue button.
13.	Enter a new password. Reset Password Hello, Dr Sandra Campbell. Please create a new password before logging in Password Between 8 and 20 characters. Please include a capital and a number. More details Re-enter password Save Password and Log in
14.	Click on the Save Password and Log In button.

Note	Three password failed attempts will result in your account being locked.
	You will need to contact MCNZ to unlock your account.

Introduction There are three profiles in myMCNZ; Personal, Professional and Public.

- The **Personal Profile** contains personal details such as; name, email, phone, and address information. In this profile, users can view and edit their personal information.
- The **Professional Profile** contains details such as; current employment and positions. This profile is <u>Read Only.</u>
- The **Public Profile** contains details such as; registered address, address confidentiality, scope, qualifications, practising certificate dates, conditions, and endorsements. In this profile, users can edit their registered address and address confidentiality flag.

Name change To update the name we have recorded for you, please send us the details of your name change in writing, along with a certified copy of the documentation which supports the change (for example a certified copy of your marriage certificate) to:

Medical Council of New Zealand PO Box 10509 The Terrace Wellington 6143 New Zealand

We will then update your name in our records and send you confirmation of this. Your old name will still be recorded as a previous name so that people will be able to search for you on the medical register using both your old name and your new name.

If you have a current practising certificate at the time you are changing your name, we will also send you an updated copy of your practising certificate reflecting your new name.

If you have any questions about this process, please email <u>mcnz@mcnz.org.nz</u>.

NOTE: If you click on the **I've changed my name** link in the **Personal Profile**, it will direct you to information regarding this process.

Personal Profile

Personal details

Name	MCNZ Test	I've changed my name
Preferred email 📀	newemail@mcnz.org.nz	✓ Edit

Email

Follow the steps below to edit your preferred email address:

Sten	Action
1	Login to myMCN7
2.	Click on Profile and go to the Percenal profile
Ζ.	
3.	Click on the Preferred email Edit link.
	Preferred email 🕐 email@mcnz.org.nz /Edit
	Add another email address
4.	Make changes as required and click on the Save button.
	Edit Email ×
	Preferred Email
	jest1@mcnz.org.nz ×
	Save
5.	A confirmation message will display.
	6 1 7
	V The Email was successfully changed

Follow the steps below to add an email address:

Step	Action
1.	Login to myMCNZ.
2.	Click on Profile and go to the Personal profile.
3.	Click on the Add another email address link.
	Preferred email email@mcnz.org.nz Edit Add another email address
4.	Enter the email address and click on the Add button.
5.	A confirmation message will display.

Phone

Follow the steps below to edit a phone number:

Step	Action		
1.	Login to myMCNZ.		
2.	Click on Profile and go to the Personal profile.		
3.	Click on the Phone Edit link.		
	Phone Phone (other): 495482 C Edit × Delete Add another phone		
4.	Make the changes as required and click on the Save button.		
5.	A confirmation message will display. The Phone was successfully changed		

Follow the steps below to add a phone number:

Step	Action		
1.	Login to myMCNZ.		
2.	Click on Profile and go to the Personal profile.		
3.	Click on the Add another phone link.		
	Phone Phone (other): 495482		
4.	Select the Type then enter the phone number.		
	Click on the Add button		
<u> </u>	A confirmation massage will display		
0.	The Phone was successfully added		

Postal address Follow the steps below to edit a postal address:

Step	Action			
1.	Login to myMCNZ.			
2.	Click on Profile and go to the Personal profile.			
3.	Click on the Postal address Edit link.			
	Postal address PO Box 10509 The Terrace WELLINGTON 6143	✓Edit		
4.	4. Make the required changes using the fields provided.			
	Edit Postal Address ×			
	New Zealand Format Overseas Format			
	Address Prefix (optional) 0			
	E.g. c/- Bob Smith, RMO Unit, Department of ONG, etc			
	PO Box 10509, THE TERRACE, WELLINGTON 6143			
	Save			
	Cancer			
5.	Click on the Save button.			
6.	A confirmation message will display.			
	The postal address was successfully changed			

Note	If you have an overseas postal address, click on the Overseas Format
	radio button and enter the relevant information.

Follow the steps below to edit a residential address:

Residential address

Step	Action			
1.	Login to myMCNZ.			
2.	Click on Profile and go to the Personal profile.			
3.	Click on the Residential address Edit link.			
	Residential address The Terrace WELLINGTON CENTRAL WELLINGTON 6011		✓ Edit	
4.	Make the required changes using the fields provide	d.		
	Edit Residential Address	×		
	 Same as postal address Other - please enter address below New Zealand Format Overseas Format Address Prefix (optional) (2)			
	E.g. c/- Bob Smith, RMO Unit, Department of ONG, etc			
	Save Cancel			
5.	Click on the Save button.			
6.	A confirmation message will display.			
	The residential address was successfully changed			

Follow the steps below to change a registered address:

Registered address

Step	Action				
1.	Login to myMCNZ.				
2.	Click on Profile and go to the Public profile.				
3.	Click on the Use another address as my Registered address link.				
	Public Profile				
	Registered address				
	Your registered address will appear on the medical register and may be released to approved organisations and individuals. We strongly recommend you do not use your residential address as your registered address.				
	If you do not want your registered address to appear on the medical register, select the confidentiality box below.				
	Registered address Middlemore Hospital Private Bag 93311 Auckland 1640				
	Use another address as my Registered address				
	Confidentiality Keep all my addresses (including my registered address) confidential				
4.	Select the address, or select Other to enter a different address.				
	r				
	Edit Registered Address ×				
	Select which address is your Registered Address				
	C Your postal address				
	Sult rour postal address O Your residential address				
	MidCentral District Health Board				
	New Zealand Format Overseas Format				
	Address Prefix (optional) Ø				
	E.g. c/- Bob Smith, RMO Unit, Department of ONG, etc				
	Registered Address				
	PO Box 2056, PALMERSTON NORTH CENTRAL, PALMERSTON NORTH 4440				
	Save Cancel				
5.	Click on the Save button.				
6.	A confirmation message will display.				
	The Registered Address was successfully changed				

Confidentiality Follow the steps below to make your addresses confidential:

Step	Action
1.	Login to myMCNZ.
2.	Click on Profile and go to the Public profile.
3.	Tick the box next to Keep all my addresses (including my registered address) confidential. Confidentiality
4.	A confirmation message will display.

Account Settings

Introduction In Account Settings, you can view your username, change your password, and view and edit security questions.

Change yourFollow the steps below to change your password:password

Step	Action		
1.	Login to mvMCNZ.		
2.	Click on the Profile tab.		
3.	Click on Account Settings.		
	Middle Council Middle Council		
	Home Do it online Profile Contact Welcome Logout		
	Personal Professional Public Account settings		
	Account settings		
	Account settings		
	Username		
	Password We can not show your password Change your password		
	Security questions ()		
	What is the name of your Answer Childhood hero?		
	Click edit to select a question		
	Click edit to select a question		
	Account created 28/05/2017		
	Protecting the public, promoting good medical practice. Te Tiaki 1 te lvi whânul me te whakatalranga pai 1 te mahi e pâ ana ki te taha rongoă Home Prote Do it ontine Cantast myMCNZ Help Medical Council webste @ 2014 Medical Council of New Zealand		
4	Click on Change your Password .		
5	Enter you current password, then enter your new password using the		
5.	fields provided.		
	Change Password × Current Password > Current Password > I > New password @ > Between 8 and 20 characters > Between 8 and 20 characters. > New password @ > Confirm password > Cancel > A >		
6.	Click on the Save button.		
7.	A confirmation message will display.		
	The password was successfully changed.		

Security questions

Follow the steps below to edit your security questions:

Step	Action		
1.	Login to myMCNZ.		
2.	Click on the Profile tab.		
3.	Click on Account Settings.		
3. 4.	Click on the Edit link next to the corresponding question.		
5.	Theme i product judicity guardinates for their termination and the termination and the data to take to		
6.	Click on the Save button.		
7.	A confirmation message will display. The security question was successfully updated		

Note	You are required to have at least one security question, but you can have
	up to three.

Request a Certificate of Professional Status

Introduction	If you are planning to leave New Zealand to practise in another country, you may wish to apply for a certificate of professional status (COPS) from us. You may also need a COPS to include with your application for entry to a vocational training programme, or just before your Fellowship is to be awarded. A certificate of professional status shows there is no legal barrier – on disciplinary, competence, criminal or health grounds – to your ongoing registration in New Zealand. Once issued, a certificate of professional status is valid for three months. A COPS includes the following information: • personal information such as your full name, any previous names, registered				
	address, date of birth, gender				
	 registered qualification 				
	• scope(s) of practice				
	 conditions/endorsements imposed as part of the Council's registration policies and processes 				
	whether you are registered				
	 if not, the date on which your registration ended 				
	whether you hold a practising certificate				
	 If not, the date on which your previously held practising certificate expired any conditions or restrictions imposed by virtue of Council procedures relating to health, competence and conduct. 				
	In addition, a COPS will indicate by way of a 'Yes' or 'No' notation whether:				
	• you have Ministry of Health Gazetted prescribing prohibitions				
	 an investigation or proceeding about you is in progress under the Health 				
	Practitioners Competence Assurance Act 2003, the Health and Disability				
	Commissioner Act 1994 or the Accident Compensation Act 2001 (see further explanation below)				
	 the Council has been informed that an investigation or proceeding relating to 				
	your health, competence or conduct is in progress by another regulatory authority, an employer, government agency, other health provider or police, or that criminal charges have been laid				
	Indiciding the second by the Council's Health team				
	 you have given a current Voluntary Undertaking to the Council 				
	 you have given a current voluntary of dertaking to the council imposed you have in the preceding 7 years, been the subject of Council imposed 				
	conditions or interim suspension, although the orders may have since expired or been removed. Disclosure will include where possible, the date of the removal or expiry				
	• you have, in the preceding 7 years, been censured and been the subject of other orders by the HPDT, although these orders may have since expired or been removed. Disclosure will include where possible, the date of the removal				
	 subject to the Criminal Records (Clean Slate) Act 2004, you have criminal convictions 				
	 you have a conviction for a 'specified offence' under the Criminal Records (Clean Slate) Act 2004. 				

Further Explanation

Request a

Your COPS will state 'Yes' where a complaint about you to the HDC and/or Council is in the early stages of investigation. If you have had a performance assessment and been found by Council to be competent, the COPS will state 'No' even if Council has required you to engage in a subsequent programme. If you have been the subject of an investigation by a professional conduct committee, the result of which is no further action, then the COPS will state 'No'. If you have been the subject of a hearing by the Health Practitioners Disciplinary Tribunal and the Tribunal has determined that the charges have not been made out, then the COPS will state 'No'.

Under the Criminal Records (Clean Slate) Act the Council will not disclose a conviction occurring more than 7 years previously unless the conviction is for a 'specified offence'. You can check what a 'specified offence' is here.

Where name suppression orders have been made in your favour by a court or the HPDT and remain in force, the existence of a proceeding or hearing will be disclosed on a COPS as 'Yes' but no additional details can be provided by the Council. You may wish to obtain legal advice as to what information, if any, you can provide yourself.

certificate of				
professional	Step	Action		
status	1.	Log in to myMCNZ.		
	2.	Click on Do it Online.		
	3.	Click on Certificate of Professional Status.		
		Medical Council To Kumber Reta o Acteurce Online resource for the Medical Council of New Zealand		
		Home Do it online Profile Contact		
		Practising certificate of Professional Status Certificate of Professional Status		
		If you are planning to leave New Zealand to practise in another country, you may wish to apply for a certificate of professional status (COPS) from us. You may also need a COPS to include with your application for entry to a vocational training programme, or just before your plane be awarded. A certificate of professional status shows there is no legal barrier – on disciplinary, competence, criminal or health grounds – to your ongoing registration in New Zealand. Once issued, a certificate of professional status is valid for three months. Note: For identification purposes former names, DOB and gender will now be on the certificate of professional status (COPS). Read more about Certificates of Professional Status on the Medical Council website.		
		Request Certificate(s) of Professional Status now		
		No recent request.		
	4.	Click on Request Certificate (s) of Professional Status now.		
		Request Certificate(s) of Professional Status now		
	5.	Read the Information and Consent page and click on the tickbox to indicate you agree to disclose the details.		

Follow the steps below to request a certificate of professional status:

er ead the information below. You need to consent to the information being provided before you can the with your COPS request. PS includes the following information: erroral information such as your full name, any previous names, registered address, date of birth, ender signeted qualification cope(s) of practice not, the date on which your registration ended thether you are registered not, the date on which your registration ended thether you are registered not, the date on which your previously held practising certificate expired not, the date on which your previously held practising certificate expired not, the date on which your previously held practising certificate expired not, the date on which your previously held practising certificate expired not, the date on which your previously held practising certificate expired not, the date on which your previously held practising certificate expired not, the date on which your previously held practising certificate expired not, the date on which your previously held practising certificate expired not, the date on which your previously held practising certificate expired not, the date on which your previously held practising certificate expired not, the date on which your previously held practising certificate expired not, the date on which your previously held practising certificate expired not, the date on which your previously held practising certificate expired not, the date on the preceding about you is in progress under the Health Practitioners Competence Assurance Act 2001 (see further explanation below) • the Council has been informed that an investigation or proceeding relating to your health, competence or conduct is in progress by another regulatory authority, an employer, government agency, other health provider or police, or that criminal charges have been laid • you have, in the preceding 7 years, been the subject of Council imposed conditions or interim suspension, although the orders may have since expired or been removed. Disclosure will include	Continue I display. sagree butto
PS includes the following information: erroral information such as your full name, any previous names, registered address, date of birth, ender spistered qualification cope(s) of practice ontitions/endorsements imposed as part of the Council's registration policies and processes hether you are registered not, the date on which your registration ended hether you hold a practing certificate not, the date on which your registration ended hether you hold a practing certificate ny conditions or restrictions imposed by virtue of Council procedures relating to health, competence and onduct. spree to disclose these details Purther disclosure information Purther disclosure information Purther disclosure information a addition, a COPS will indicate by way of a 'Yes' or 'No' notation whether: • you have Ministry of Health Gazetted prescribing prohibitions • an investigation or proceeding about you is in progress under the Health Practitioners Competence Assurance Act 2003, the Health and Disability Commissioner Act 1994 or the Accident Compensation Act 2001 (see further explanation below) • the Council has been informed that an investigation or proceeding relating to your health, competence or conduct is in progress by another regulatory authority, an employer, government agency, other health provider or police, or that criminal charges have been laid • you have, in the preceding 7 years, been the subject of Council imposed conditions or interim suspension, although the orders may have since expired or been removed. Disclosure will include where possible, the date of the removal or expiry • you have, in the preceding 7 years, been censured and been the subject of other orders by the HPDT, although these orders may have since expired or been removed. Disclosure will include where possible, the date of the removal or expiry • subject to the Criminal Records (Clean Slate) Act 2004, you have criminal convictions • you have, a conviction for a 'specified offence' under the Criminal Recor	Continue I display. sagree butto
Prop up box containing further disclosure information will ad the information and click on either the Consent or Dis Further disclosure information Further disclosure information n addition, a COPS will indicate by way of a 'Yes' or 'No' notation whether: you have Ministry of Health Gazetted prescribing prohibitions an investigation or proceeding about you is in progress under the Health Practitioners Competence Assurance Act 2003, the Health and Disability Commissioner Act 1994 or the Accident Compensation Act 2001 (see further explanation below) the Council has been informed that an investigation or proceeding relating to your health, competence or conduct is in progress by another regulatory authority, an employer, government agency, other health provider or police, or that criminal charges have been laid you have given a current Voluntary Undertaking to the Council you have, in the preceding 7 years, been the subject of Council imposed conditions or interim suspension, although the orders may have since expired or been removed. Disclosure will include where possible, the date of the removal or expiry you have, in the preceding 7 years, been censured and been the subject of other orders by the HPDT, although these orders may have since expired or been removed. Disclosure will include where possible, the date of the removal or expiry you have, in the preceding 7 years, been censured and been the subject of other orders by the HPDT, although these orders may have since expired or been removed. Disclosure will include where possible, the date of the removal or expiry subject to the Criminal Records (Clean Slate) Act 2004, you have criminal Records (Clean Slate) Act 2004.	Continue I display. sagree butto
Propup box containing further disclosure information will ad the information and click on either the Consent or Disclosure information Further disclosure information Further disclosure information Addition, a COPS will indicate by way of a 'Yes' or 'No' notation whether: you have Ministry of Health Gazetted prescribing prohibitions an investigation or proceeding about you is in progress under the Health Practitioners Competence Assurance Act 2003, the Health and Disability Commissioner Act 1994 or the Accident Compensation Act 2001 (see further explanation below) the Council has been informed that an investigation or proceeding relating to your health, competence or conduct is in progress by another regulatory authority, an employer, government agency, other health provider or police, or that criminal charges have been laid you are being monitored by the Council's Health team you have given a current Voluntary Undertaking to the Council you have, in the preceding 7 years, been the subject of Council imposed conditions or interim suspension, although the orders may have since expired or been removed. Disclosure will include where possible, the date of the removal or expiry you have, in the preceding 7 years, been censured and been the subject of other orders by the HPDT, although these orders may have since expired or been removed. Disclosure will include where possible, the date of the removal or expiry subject to the Criminal Records (Clean Slate) Act 2004, you have criminal convictions you have a conviction for a 'specified offence' under the Criminal Records (Clean Slate) Act 2004.	Continue
pup box containing further disclosure information will ad the information and click on either the Consent or Dis Further disclosure information Further disclosure information	I display. sagree butto
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	t
urther Explanation	
'our COPS will state 'Yes' where a complaint about you to the HDC and/or Council is in the larly stages of investigation. If you have had a performance assessment and been found by council to be competent, the COPS will state 'No' even if Council has required you to engage in subsequent programme. If you have been the subject of an investigation by a professional conduct committee, the result of which is no further action, then the COPS will state 'No'. If you have been the subject of a hearing by the Health Practitioners Disciplinary Tribunal and the ribunal has determined that the charges have not been made out, then the COPS will state No'.	ı
Inder the Criminal Records (Clean Slate) Act the Council will not disclose a conviction accurring more than 7 years previously unless the conviction is for a 'specified offence'. You an check what a 'specified offence' is here.	
main in force, the existence of a proceeding or hearing will be disclosed on a COPS as 'Yes' out no additional details can be provided by the Council. You may wish to obtain legal advice as o what information, if any, you can provide yourself.	5
 by clicking the 'Consent' button below you: confirm you have read this page, and consent to the COPS noting 'Yes' in relation to any information as described above that is relevant to you. 	
f you do not give consent, click the 'Disagree' button below.	~
Consent Disagree	
	No'. Inder the Criminal Records (Clean Slate) Act the Council will not disclose a conviction securring more than 7 years previously unless the conviction is for a 'specified offence'. You an check what a 'specified offence' is here. Where name suppression orders have been made in your favour by a court or the HPDT and emain in force, the existence of a proceeding or hearing will be disclosed on a COPS as 'Yes' uit no additional details can be provided by the Council. You may wish to obtain legal advice a: to what information, if any, you can provide yourself. By clicking the 'Consent' button below you: • confirm you have read this page, and • consent to the COPS noting 'Yes' in relation to any information as described above that is relevant to you. If you do not give consent, click the 'Disagree' button below. Consent

7	 If you do not consent to us issuing a COPS, you may request a Certificate of Registration (COR) under section 139 of the HPCAA. A COR will only include information that appears on the public register which is: Your unique Council registration number and your HPI number Your full name Your qualifications by virtue of which you were registered Your register address Your scope(s) of practice and any conditions or endorsements. If you wish to apply for a Certificate of Registration (COR). Please complete the 'Request for certificate of registration' form on the attached link.
7.	on the Continue button to proceed.
	Information and Consent
	Please read the information below. You need to consent to the information being provided before you can continue with your COPS request.
	A COPS includes the following information: • personal information such as your full name, any previous names, registered address, date of birth,
	gender • registered qualification • scope(s) of practice
	conditions/endorsements imposed as part of the Council's registration policies and processes whether you are registered if not, the date on which your registration ended
	 whether you hold a practising certificate if not, the date on which your previously held practising certificate expired any conditions or restrictions imposed by write of Council procedures relation to health, competence and
	any enhances on realizations imposed by much or examining proceedings in realizing on realizing and the set of
	Continue
8.	The Step 2 – Request page is displayed.
	the date of your final working day in NZ.
	Request a certificate(s)
	Are you intending to work overseas?
	Yes No
	Your final working day in New Zealand (optional)
	e.g. 14/05/2011
0	Calact where you want the cartificate to be cant. If you calact
9.	Select where you want the certificate to be sent. If you select:
	• Your postal address The address displayed in the Postal Address box below is where it will be sent.
	• Direct to the medical organisation Select the relevant Country and Organisation. The address of the selected organisation will be displayed in the Postal Address fields, or you may receive a message saying your certificate of professional status will be emailed directly to the organisation under our Electronic Document Agreement.

Call L IIIIU LIE UISaliisaliuli Vuu te luoking init liik Enieri
norms of the evention that the nextel address in the fire
name of the organisation, then the postal address in the ne
provided.
Where shall we send the certificate(s)?
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process the request as a new application).
Tou will be able to review what was sent to the regulatory authority on your myNiCNZ account.
Send to:
Your postal address Direct to the medical constraintian
Direct to the medical organisation A different address
Australia 🔺
Organisation
Cast End the empirication unutra lacking for?
Can cliniu me organisation you reliooking for?
Postal Address
please enter the correct one.
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10.	Click on the Add to your request button.	
	Nerver the number of the the number of t	
11.	Click on the Continue button.	
12.	The Review your request page will display, detailing your request.	
	Step 1 O for a f	
13.	Click on the Continue button.	

4.	The Payment page will display.					
	Request a Certificate of Professional Status Step 1 Step 2 Step 3 Step 4 Consent Request Review Perment					
					Vour fee will be \$14	44.12 including GST.
					How would you lik	te to pay?
		If you are paying you nice to pay . If you are paying by Account2Account or Credit Card, please have all your payment information ready. Once you click Continue, you will only have 10 minutes to make your payment. After that time, your application will be automatically submitted to Council without the confirmation of payment and this may delay the processing of your application.				
		Account2Account >	Account2Account payments will incur an additional charge of \$1.43			
		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 \$1.71				
		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 : 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 annear on the next nane				
		r dynone mod dodono mili dpoda on ene pago.				
	Previous	Your application will not be considered until payment is received.				
	Previous Select your p • Acco You the p emai	Your application will not be considered until payment is received. Continue Deayment method. If you select: Dount2Account or Credit card - Click Continue. Will be taken to a secure payment form and guided through Deayment process. Once the payment is processed, you will be iled a receipt as proof of payment.				
	Previous Select your p • Acco You y the p emai Note click payn subn this n staff	Your application will not be considered until payment is received.				
	Previous Select your p • Acco You y the p emai Note click payn subn this n staff • Inter Your Payn	Your application will not be considered until payment is received.				

	Request a Certificate of Professional Status
	Step 1 Step 2 Step 3 Step 4 Peyment Peyment
	Thank you. Your application has been received by the Medical Council of New Zealand but will not be processed until payment is made.
	Next steps
	You must send us the following information before we can process your request for a Certificate(s) of Professional Status:
	 You have opted to pay by Internet Banking. The amount to be paid is \$142.69. You can search for Medical Council of New Zealand on your bank's list of pre-approved payees but if this is unavailable, please use the account information below to setup a payment. Bank Name: ASB Bank Account Name: Medical Council of New Zealand Account Number: 12-3141-0071551-51 To help us process your payment correctly, please enter the following payment details: Particulars: Wilson Payee code: 63285 Reference: MCOI15390127 Include a coversheet if you need to send us any item by post. This helps us process your request faster. The coversheet also contains your payment instructions. Download the coversheet Alternatively, include a hand written note with your paper documents detailing your name and what the letter's contents relate to.
	If there is nothing more for you to do, you will receive the message below. Image: Mode Council of Medical Council of New Zealand Image: Mode Council of New Zealand
	Home Do it online Profile Contact Wetcome Logout
	Practising certificate of Professional Status Request a Certificate of Professional Status
	Step 1 Step 2 Step 3 Step 4 Content Plaquett Review Payment 4
	Thank you. Your payment and application have been received by the Medical Council of New Zealand. You will receive a receipt for your records.
	Go to the myMCNZ homepage
	Protecting the public, promoting good medical practice. Te Talaki te kwi vihulinu me te vihukutarangia pai i te mahi e pa ana ki te taha rongoal Home Profile Do it online Contact myMCN2 Help Medical Council website © 2014 Medical Council of New Zisaland
16.	You will also be emailed a confirmation of your application, along with the relevant attachments.
	Image: State of the state
	Medical Council of New Zealand Protecting the public, promoting good medical practice Tradit if wir validated medic al alwast is in this rouged
	Peace fird attached Copy of your application
	Anonpt Found
	Yours showedy, Medical Council of New Zealand.
	Len 11 Primers Tours, 34 diam's Transe, Wellight N411 No 2015 and 2015. The second sec
	T MOR Yorkulas to trees
17.	You can track the progress of your COPS application from the Home page
	of your myMCNZ account and when MCNZ has processed your application, you can also view your COPS.



Introduction In addition to being registered, you must also hold a current practising certificate to practise medicine in New Zealand. It is illegal to practise here without this certificate. With a practising certificate you are authorised, and considered competent and fit to practise medicine within the scope of practice and conditions given on your certificate. It is your responsibility to ensure you hold a current practising certificate. Your employer is responsible for ensuring all doctors they employ are properly registered and certified to practise.

Practising certificates:

- are valid for up to 12 months
- are not backdated

• authorise you to practise medicine within the scope of practice and conditions given on your certificate.

Read more about Practising Certificates (580kb PDF) on the Medical Council website.

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optain a copy of a previous	Follow the	steps below to obtain a copy of a previous practising certificate:
practising	Step	Action
certificate	1.	Login to myMCNZ.
	2.	Click on Do it Online.
	3.	Click on Practising Certificate.
	4.	The table will display all current and previous practising certificates.
		Description Description Description Description Description Internet on the online Portific Cantact Maccons dorbinge (dr. Kavele Pengel) Logad Internet on the online Portific Cantact Maccons dorbinge (dr. Kavele Pengel) Logad Pengens cantar Description Cantact Maccons dorbinge (dr. Kavele Pengel) Logad Pengens cantar Cantact on dorbing (cantar dr. Kavele Pengel) Cantact Maccons dorbinge (dr. Kavele Pengel) Logad Pengens cantar Cantact on dorbing (cantar dr. Kavele Pengel) Cantact Maccons dorbing (dr. Kavele Pengel) Logad Pengens cantar Cantar Cantar Maccons dorbing (dr. Kavele Pengel) Logad Pengens cantar Cantar Cantar Maccons dorbing (dr. Kavele Pengel) Logad Pengens cantar Cantar dorbing (dr. Kavele Pengel) Maccons dorbing (dr. Kavele Pengel) Logad Description Cantar Maccons dorbing (dr. Kavele Pengel) Logad Description Cantar Maccons dorbing (dr. Kavele Pengel) Logad Description Cantar Maccons dorbing (dr. Kavele Pengel) Logad Des
		Renew your practising certificate now
		Current and previous practising certificates
		Not Started
		103/2214-28/022019 🧭 Complete 200891 Email Copy
		1002012-28022013 Complete 23361 Email.Copy
		1/03/2011 - 24/02/2012 🤣 Complete 213354 Request Copy
		< Prev 1 Next >
		Protecting the public, promoting good medical practice. Te Tabli i le lwi whânui me te whakabaterangs pai i le mahi e pă ana bi le taha rongoă Home Protite Do it orine Contact myWOKZ Hub Medical Council website @2914 Medical Council of New Zasland
	5.	Click on the relevant Email Copy link to receive a copy of that practising certificate.

Before your practising certificate is due to expire, you will be able to renew it online.

Renew your practising certificate

Follow the steps below to renew your practising certificate:

Step	Action			
1.	Log in to myMCNZ.			
2.	The Home page will display. Click on the Renew Your Practising Certificate link.			
	Medical Council of New Zostand Te Kaunihera Rata o Actearous			
	Home Do it online Profile Contact w	elcome Documentation (Dr myMCNZ Test) Logout		
	 To continue practising legally you must Renew Your Practising Certificate being 15/11/2014 View the guide to completing the Practising Certificate Renewal form (PDF) 	Welcome back, Dr myMCNZ Test		
	Welcome to myMCNZ	You last logged in on Thursday, 6 November 2014 at 9:36 a.m.		
	When your practising certificate is due to expire, you can renew it here.	If you believe this is incorrect, Please contact us immediately.		
	You can also use myINCNZ to: • Obtain a copy of your practising certificate	Vour profile		
	Request a certificate of good standing Update your profile	Registered address		
	Your recent requests	PO Box 10509		
	Certificate of Good Standing Started: O Being Processed	WELLINGTON 6143 edit		
		Current Employment		
	Step1 Step2 Step3 Step4 Step5 Step6 Regid Address For help completing this form, view the Renew Your Practising Certificate handbook (PDF) Personal Details	Step7 Step8 Step9 Declare Survey Payment		
	Please review your Personal Details and, if necessary, edit them			
	Name myMCNZ Test Ive changed my name	_		
	Preferred email 💿 email@mcnz.org.nz			
	Phone			
	Note: If you need to change your details, click on t incorrect personal information link.	he update any		
4.	Tick the confirmation checkbox, then click on the soutton.	Save & Continue		
	Note: Clicking on the Save & Continue button will that point. If you need to log out of myMCNZ, you application later.	save your application at can return to your		
	Confirmation			
	Please review the details above and update any incorrect personal information before continuing			
		Save & Continue		

5.	Step 2 - Intentions of renewing your practising certificate will display. Select your practising intention for the coming year and if required, any overseas information.
	Note: If you have been selected for audit, clear instructions will display at
	the end of the application process. They are also available on our website
	here
	Your practising intentions
	Do you intend to practise medicine in New Zealand within the coming year?
	Yes and I wish to apply for a Practising Certificate
	No but I wish to retain my name on the Register - select residency status below
	I am currently resident in New Zealand I am currently resident overseas
	No, I am not intending to practise medicine in New Zealand again in the future and I wish to have my
	name removed from the register
	Did you practise medicine overseas since the date your last practising certificate was issued?
	Ves Country State
	() ()
	Add another
	0 NO
	Previous Save & Continue
6.	Click on the Save & Continue button.
7.	Step 3 - Employment of renewing your practising certificate will display. Review you current employment details.
	Renew your practising certificate
	Step1 Step2 Step3 Step4 Step5 Step6 Step7 Step8 Step9
	For help completing this form, view the Renew Your Practising Certificate handbook (PDF)
	 Please review your current employment details. If necessary, you may edit these details if you hold a full general or vocational scope. Note: New Zealand employment only.
	Current employment
	edit 🗙 remove
	mana (Chaosha 201)
	Add employment
	Confirmation
	I confirm that the details above are correct
	Previous Save & Continue
	Note: If you are provisionally registered or special purpose, you must get
	MCNZ approval before you change employment. Email pc@mcnz.org.nz
	for more information.
8.	If you are employed at the same organisation, but your Medical role or
	Area of medicine has changed, click on the edit link, make the required
	changes and click on the Save button.

	Edit employment ×	
	I am still employed at Waltham Medical Centre but my situation has changed.	
	Medical role	
	General Practitioner \$	
	Area of medicine	
	Branch Detailed work type	
	General Practice	
	Start date End date (optional)	
	e.g. 21/04/2013	
	Save Cancel	
	<u></u>	
9.	If you are no longer employed at the organisation, clie	ck on the x remove
	link. Enter the Final day of employment and click on the	the Remove button.
	, , ,	
	Bamava amplayment X	
	Final day of employment	
	e.g. 21/04/2013	
	Remove	
	Cancel	
10.	To add your new employment details, click on the + A	dd employment
	link. Select the Organisation, Medical role, Area of m	edicine and the
	Start date. Click on the Add button when all the requ	ired information is
	entered.	
	Add employment ×	
	Organisation 🧱	
	Medical role	
	\$	
	Area of medicine Branch Detailed work type	
	• • • • • • • • • • • • • • • • • • •	
	+ Add an additional area of medicine	
	Start date End date (optional)	
	e.g. 21/04/2013	
	Cancel	
	New Organisation	
	If your organisation is not in the list, enter the details	of your role as
	required and click Add.	

	Add employment x		
	Organisation @		
	The Test Organisation Medical role		
	General Practioner a		
	Area of modiline Brench Databol save here Bren		
	General Practice a)		
	Add an additional area of medicine		
	Start date End date (optonal) D0.0440015		
	Add Canes		
	You will then be prompted to enter the new organisation details and click		
	Save.		
	New organisation details		
	The Test Organisation' does not exist in the system. Please provide us with additional information below.		
	(if you have entered the name incorrectly, please go back and by again.)		
	() Res Zealand address O Overseas address Storell for 1		
	Street line 2 (optional)		
	Suborb (optional)		
	City		
	PostCode		
	Prove		
	Are Number		
	Save Go back		
	The new organisation will be added.		
11.	When your employment details are correct, tick the confirmation		
	checkbox and click on the Save & Continue button		
12			
12.	Step 4 - Development (Step 1) of renewing your practising certificate will		
	display. Review your Continuing Professional Development details.		
	Renew your practising certificate		
	Renew your practising certificate		
	Renew your practising certificate Step1 • Step2 • Step3 reprint Step1 personal • Step3 reprint		
	Renew your practising certificate Step1 Step3 Step4 Step5 Step6 Step7 Step8 Step9 Personal Intentions Employment Disclosures Reg/d Address Declare Survey Payment		
	Step2 (Step3 (Employment Vour Practising Certificate Nambook (PDF) Step3 (Step4 (Development Vour Practising Certificate Nambook (PDF)		
	Renew your practising certificate Step1 Step2 Step3 Step4 Decloares Step6 Step6 Declare Step8 Step9 Payment Personal Step2 Step3 Step3 Step4 Declares Step6 Declare Step7 Step8 Step9 Payment Step9 Payment For help completing this form, view the Renew Your Practising Certificate handbook (PDF) Step6 Step7 Step8 Step9 Payment Step9 Payment		
	Renew your practising certificate Step1 Step2 Step3 Step4 Decloares Step6 Step7 Step8 Step9 Payment Personal Step3 Step3 Decloares Step5 Decloares Step7 Step8 Step9 Payment For help completing this form, view the Renew Your Practising Certificate handbook (PDF) IMPORTANT: Your CPD is subject to your conditions. Your participation in CPD is your		
	Renew your practising certificate Step1 Step2 Step3 Step3 Step5 Declare Step6 Step7 Step8 Step9 Declare Personal Step1 Step3 Step3 Step5 Declare Step6 Step7 Step8 Step9 Declare Step9 Payment For help completing this form, view the Renew Your Practising Certificate handbook (PDF) IMPORTANT: Your CPD is subject to your conditions. Your participation in CPD is your responsibility, not that of your employer, vocational education advisory body, medical school, indeerded tractitiones" association. PHD or any other nearon or romanization. Nearthbleses		
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	Renew your practising certificate Step1 Step2 Step3 Employment Step5 Step6 Regid Address Step7 Step8 Step9 Payment For help completing this form, view the Renew Your Practising Certificate handbook (PDF) IMPORTANT: Your CPD is subject to your conditions. Your participation in CPD is your responsibility, not that of your employer, vocational education advisory body, medical school, independent practitioners' association, PHO or any other person or organisation. Nevertheless, these organisations will be able to help you with your CPD. View the CPD guide (PDF) for more information on your responsibilities.		
	Renew your practising certificate Step1 Step2 Step3 Employment Step5 Step6 Regid Address Step7 Step8 Step9 Payment For help completing this form, view the Renew Your Practising Certificate handbook (PDF) IMPORTANT: Your CPD is subject to your conditions. Your participation in CPD is your responsibility, not that of your employer, vocational education advisory body, medical school, independent practitioners" association, PHO or any other person or organisation. Nevertheless, these organisations will be able to help you with your CPD. View the CPD guide (PDF) for more information on your responsibilities.		
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	Renew your practising certificate Step1 Step2 Step3 Step3 Step3 Step5 Declare Step5 Declare Step6 Step7 Step8 Step9 Payment Personal Step3 Step3 Declare Step6 Step7 Step8 Step9 Payment For help completing this form, view the Renew Your Practising Certificate handbook (PDF) IMPORTANT: Your CPD is subject to your conditions. Your participation in CPD is your responsibility, not that of your employer, vocational education advisory body, medical school, independent practitioners" association, PHO or any other person or organisation. Nevertheless, these organisations will be able to help you with your CPD. View the CPD guide (PDF) for more information on your responsibilities. Your Continuing Professional Development. Step 1: Vocational		
	Step1 Step2 Step3 Step3 Step4 Deckopment Step5 Deckare Step6 Step7 Step8 Step9 Payment Total Step2 Step3 Deckare Step5 Deckare Step6 Step7 Step8 Step9 Payment Total Step5 Deckare Step6 Step7 Step8 Step9 Payment Step6 Deckare Step8 Step9 Payment For help completing this form, view the Renew Your Practising Certificate handbook (PDF) IMPORTANT: Your CPD is subject to your conditions. Your participation in CPD is your responsibility, not that of your employer, vocational education advisory body, medical school, independent practitioners" association, PHO or any other person or organisation. Nevertheless, these organisations will be able to help you with your CPD. View the CPD guide (PDF) for more information on your responsibilities. Your Continuing Professional Development. Step 1: Vocational College CPD programme		
	Renew your practising certificate Step1 Step3 Step4 Step5 Step7 Step8 Step9 Payment For help completing this form, view the Renew Your Practising Certificate handbook (PDF) IMPORTANT: Your CPD is subject to your conditions. Your participation in CPD is your responsibility, not that of your employer, vocational education advisory body, medical school, independent practitioners" association, PHO or any other person or organisation. Nevertheless, these organisations will be able to help you with your CPD. View the CPD guide (PDF) for more information on your responsibilities. Your Continuing Professional Development. Step 1: Vocational College CPD programme Recertificatio MIXCOP MOPS (General Practice)		
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	Step2 Step3 Step3 Step3 Step4 Declare Step5 Step6 Declare Step6 Step7 Step8 Step9 Payment Personal Step3 Step3 Declare Step6 Declare Step6 Step7 Step8 Step9 Payment Personal Step3 Step9 Declare Step6 Declare Step9 Payment Personal Step6 Survey Payment Step9 Payment Payment Payment Step6 Declare Step9 Survey Payment Payment Payment Step6 Survey Payment Payment Declare Step9 Survey Payment Payment Payment Payment Step6 Survey Step9 Declare Payment Payment Payment Payment Payment Payment Payment Payment Payment Payment <td <="" colspan="2" th=""></td>		
	Step2 Step3 Step3 Step3 Step4 Declare Step5 Step6 Declare Step6 Step7 Step8 Step9 Payment Personal Step3 Step3 Declare Step6 Declare Step6 Survey Payment Declare Step6 Step7 Step8 Survey Payment Declare Step6 Survey Payment		
	Step2 Step2 Step3 Step3 Step4 Step5 Step6 Step7 Step6 Step7 Step8 Step9 Payment Step1 Step2 Step3 Step3 Step3 Step6 Step7 Step7 Step8 Step9 Payment Step2 Step3 Step3 Step9 Payment Step6 Step7 Step8 Step9 Payment Step6 Step7 Step8 Survey Payment Step6 Survey Payment Step8 Survey Step9 Payment Step6 Survey Payment Step8 Survey Payment Worder Cols Subject to your conditions. Your participation in CPD is your responsibilities Your Continuing Professional Development. Step 1 Vocational Recrification Million Million Million Step 1 edit x remove Recrification Million Step 1 re		
	Step2 Step2 Step3 Step3 Step4 Declare Step6 Decla		
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13.	To edit an existing CPD entry, click on the associated edit link. To remove an existing CPD entry, click on the associated x remove link. To add a new CPD entry, click on the Add new < <i>scope></i> CPD link. Add New Vocational CPD Yor help with closeng the content monthrap (yee & College CPDADPS programme) or adding a new monthrap (yee, e.e. College CPDADPS programme) or Winthing type Winthing type Winthing type Winthing type Winthing type College CPDADPS programme) or Add an additional cPD * Add an additional cPD * Add an additional cpd winthing type Select the Monitoring type from the list, then enter the required
	Monitoring details. Click on the Save button when all the required
14.	When you are ready to proceed, tick the confirmation checkbox and click on the Save & Continue button.
	Note : If you are not sure about what to enter in this section, do not click the Save and Continue button. Instead, contact us (phone or email) for advice on how to proceed. For more information, download the <u>CPD</u> guide.
15.	Step 4 - Development (Step 2) of renewing your practising certificate will display. Answer the relevant questions, then click on the Save & Continue button. Renew your practising certificate Step1 • Step2 • Step3 • Step4 • Development Step6 • Step7 • Step8 • Step9 • Payment For help completing this form, view the Renew Your Practising Certificate handbook (PDF) Your Continuing Professional Development. Step 2: General Inpractice recert programme Are you complying with the requirements of the Inpractice recertification programme?
16.	If you are doing any additional Medical Council recognised training programs, enter the details.

	Renew your practising certificate			
	Step1 Step2 Step3 Step4 Step5 Step6 Step7 Step8 Step9 Personal Intentions Employment Development Disclosures Reg/d Address Declare Survey Payment			
	For help completing this form, view the Renew Your Practising Certificate handbook (PDF)			
	Additional vocational training			
	Are you doing any additional Medical Council recognised training programs? 👩			
	O Yes			
	Programme and qualification			
	Ton we context the vecational education advisory body about your participation in this			
	programme?			
17.	Click on the Save & Continue button.			
18.	Step 5 – Disclosures of renewing your practising certificate will display.			
	Carefully read and answer the questions, then click on the Save &			
	Continue button.			
	Renew your practising certificate			
	Step1 Step3 Step4 Step5 Step6 Step7 Step8 Step9 Personal Personal Development Disclosures Disclosures Development Development Payment			
	For help completing this form, view the Renew Your Practising Certificate handbook (PDF)			
	Since you were last issued a practising certificate, have you been subject to:			
	a. A formal competence enquiry or a restriction or withdrawal of your credentials based on your			
	performance or conduct, undertaken by an employer, complaints, licensing, or professional body (other than by the Medical Council of New Zealand and excluding any college requirements for recertification or reaccreditation)?			
	O Yes			
	O No			
	b. An adverse finding in any discipline action by an employer, complaints body, licensing body, or professional body (other than by the Medical Council of New Zealand or Health Practitioners Disciplinary Tribunal)? Yes			
	○ No			
	c. 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 records/lobout the Criminal Records Act 2004 can be found at http://justice.govt.nz/senvices/criminal-records/about-the-criminal-records-clean-slate-act-2004.			
	○ Yes			
	• N0			
	d. Since your last PC have you been affected by, 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 current or future practice of medicine? These include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration.			
	Yes May the Council's Health Manager contact your treating practitioner(s) for further information?			
	O Yes			
	○ No ● No			
	Previous Save 9 Continue			
19.	Step 6 – Registered Address of renewing your practising certificate will display.			
	Review your registered address information and if required, click on the Use another address as my registered address link to change your registered address.			

	Renew you	r practising certificate				
	Step1 St Personal St Inte	ep2 Step3 Step4 Step5 Intions Step5 Development Development	Step6 Step7 Declare	Step8 Survey Step9 Payment		
	For help completing t	this form, view the Renew Your Practising Certificate handbook (Pl	DF)			
	Registered address					
	Your registered addre and individuals. We s address.	ess will appear on the medical register and may be released to app strongly recommend you do not use your residential address as yo	proved organisations ur registered			
	lf you do not want yo below	ur registered address to appear on the medical register, select the	confidentiality box			
	Registered address	PO Box 10509, The Terrace, Wellington 6143				
	If you want to use a Counties Manul	n employment address as your registered address, choose from kau District Health Board, 19 Lambie Drive, Manukau, Auckland :	below: 2104			
	Use another address	s as my Registered address				
	Confidentiality	Keep all my addresses (including my register confidential	ered address)			
	Delivery					
	How would you lik	e to receive your practising certificate?				
Electronically, as a PDF file emailed to email@mcnz.org.nz						
	Te Ora - for de	octors of Maori descent only	ri modical studente and			
	graduates.	aroa, the maon medical machiners Association, supports mac	n medical students and			
	I am of Maori de contact me.	scent and agree to the Medical Council providing my details to T	e Ora so they can			
	Previous			Save & Continue		
20.	Select the	relevant Delivery and Te Ora button	options, then clic	k on the Save &		
21.	Step 7 – D	eclare of renewing your pract	tising certificate w	ill display.		
	Review yo	ur application and if necessar	y, click on the cori	responding Go		
	back and	edit link.	-			
	Renew you	r practising certificate				
	Step1 Personal St	ep2 • Step3 ntions • Employment • Step4 Development • Disclosures •	Step6 Regid Address Step7 Declare	Step8 Step9 Survey Payment		
	For help completing t	his form, view the Renew Your Practising Certificate handbook (PI	DF)			
	Review your a	pplication				
	1. Personal	No change made	Go back and edit			
	2. Intentions	I am practising medicine in New Zealand and wish to apply for a Practising Certificate Practise medicine overseas: No	Go back and edit			
	3. Employment	No change made	Go back and edit			
	4. Development	No change made	Go back and edit			
	5. Disclosures	Subject to a formal competence enquiry: No Subject to an adverse finding in any discipline action: No Subject to a police investigation: No Affected by a mental or physical condition: No Allow to contact your treating practitioner: No	Go back and edit			
	6. Registered Address	PO Box 10509, The Terrace, Wellington 6143	Go back and edit			

	Declaration				
	 I hereby certify that I am the person who is applying for a practising certificate in New Zealand, and that the information I have given and/or have been asked to provide in relation to this application is true and correct 				
	 Iunderstand that the information that I have provided is to be used by the Registrar and the Council for the purposes of considering my application for a practising certificate, and may be disclosed to anota of the Council for these numbers. 				
	agents of the Council for these purposes. I understand that the Council may obtain further information (within the provisions of the Privacy Act 1993) 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 information sought. I further understand that although the provision of any information by me is voluntary, refused to provide any information may affect the Councell's consideration.				
	 I authorise the Council to disclose information about me (within the provisions of the Privacy Act 1993) to other agencies, if the Council believes on reasonable grounds that the disclosure is necessary (eg DHBs / employers, medical colleges, etc). 				
	 I understand that the Registrar may decline to issue a practising certificate If any fines, costs, or expenses, ordered or payable under s92(4) or s101 of the HPCAA remain unpaid. If satisfied that any information included in the application is false or misleading 				
	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.				
	Authentication				
	Please enter your password again, to confirm your identity.				
	Password				
	Previous Save & Continue				
22.	Read the Declaration and select the tick box as confirmation.				
	Enter your myMCNZ password in the box provided to confirm your identity.				
23.	Enter your myMCN2 password in the box provided to confirm your identity.				
23. 24.	Enter your myMCN2 password in the box provided to confirm your identity. Click on the Save & Continue button.				
23. 24. 25.	Enter your myMCN2 password in the box provided to confirm your identity. Click on the Save & Continue button. Step 8 – Survey of renewing your practising certificate will display. Complete the survey, then click on the Save & Continue button.				
23. 24. 25.	Enter your myMCN2 password in the box provided to confirm your identity. Click on the Save & Continue button. Step 8 – Survey of renewing your practising certificate will display. Complete the survey, then click on the Save & Continue button. Workforce Survey				
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23. 24. 25.	Enter your myMCNZ password in the box provided to confirm your identity. Click on the Save & Continue button. Step 8 – Survey of renewing your practising certificate will display. Complete the survey, then click on the Save & Continue button. Workforce Survey The purpose of this survey is to obtain statistical information on the structure and trends in the New Zealand medical workforce. No information that can identify individuals is published by the Medical Council. You have previously told us of your training programme through the Urology. Were you employed in medical (including non-clinical) work in New Zealand during the year? Yes - please complete the questions below No I do not wish to complete the work survey Comment (optional) Your typical working week Complete the following based on a typical working week from the previous year (maximum of 3 work sites)				
23. 24. 25.	Enter your myMCNZ password in the box provided to confirm your identity. Click on the Save & Continue button. Step 8 – Survey of renewing your practising certificate will display. Complete the survey, then click on the Save & Continue button. Workforce Survey The purpose of this survey is to obtain statistical information on the structure and trends in the New Zealand medical workforce. No information that can identify individuals is published by the Medical Council. You have previously told us of your training programme through the Urology. Were you employed in medical (including non-clinical) work in New Zealand during the year? Yes - please complete the questions below No I do not wish to complete the work survey Comment (optional) Your typical working week Complete the following based on a typical working week from the previous year (maximum of 3 work sites) Work site 1				
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26.	Step 9 – Pay	ment of renewing your practising certificate will display.				
	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: F click Cc After th Council process the pay	Please have all your payment information ready. Once you ontinue, you will only have 10 minutes to make your payment. hat time, your application will be automatically submitted to I without the confirmation of payment and this may delay the sing of your application while Council staff manually confirms yment has been received.				
	• Interne Your ap Paymer	et banking or Cheque - Click Send request to MCNZ. oplication will not be considered until payment is received. nt instructions will appear on the next page.				
	How would you lik	te to pay?				
	Once you click Continue, y application will be automati the processing of your appl	ou will only have 10 minutes to make your payment. After that time, your cally submitted to Council without the confirmation of payment and this may delay lication.				
	If you do not have your pay details in this form have be	rment information ready, you can return to this page at a later date – all your en saved.				
	Account2Account >	Account2Account payments will incur an additional charge of \$3.45				
		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 \$9.10 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: 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				
		Note: If you have prior approval from your employer that they will pay your fee direct to us, please use this option and forward the invoice to your employer for payment (This will be attached to your confirmation email).				
	Cheque >	Payment instructions will appear on the next page. Your application will not be considered until payment is received.				
	Previous	Continue				
27.	The Next Ste complete as	ps page will display. This will display any steps you need to part of your application.				
	Renew your	practising certificate				
	For help completing this form, view the Renew Your Practising Certificate handbook (PDF)					
	Vour application until payment is	t has been received by the Medical Council of New Zealand but will not be processed received.				
	Next steps					

	You must send us the following information before we can process your application for renewal of your practising certificate.				
	Audit Documentation The documentation you need to provide depends on how you are meeting Council's recertification requirements. Please click here to find out what you need to				
	Cheque Cheques for NZ\$711.60 should be made payable to Medical Council of New Zealand. Please do not post-date cheques.				
	Include a coversheet if you need to send us any item by post. This helps us process your request faster. The coversheet also contains your payment instructions. Download the coversheet				
	Alternatively, include a hand written note with your paper documents detailing your name and what the letter's contents relate to.				
	Send all required information, along with your coversheet to: Medical Council of New Zealand Level 6, 80 The Terrace, Wellington 6011 PO Box 10509, The Terrace, Wellington 6143 New Zealand				
28.	You will also be emailed a confirmation of your application, along with the				
	relevant attachments.				
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	DearDr				
	Thank you for your Practising certificate application. Please find attached				
	Copy of your application Coversheet				
	Invoice Receipt CPD Relationship form(s)				
	It is your responsibility to ensure that the attached CPD relationship form is completed by the relevant person and that it is sent to us				
	The coversheet should be printed and included with any item (including cheques) sent to us by post. It contains a list of the documents/information we require to action your request and instructions for your selected payment method.				
	Important: If you need to send us any item by post, including cheques,				
	please include the coversheet.				