



Locum tenens

Part A: Checklist for registration in New Zealand

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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 two parts:
 - (a) Checklist 13 (Locums tenens in a specialist post)
 - (b) Application form (REG1)
- Both parts must be completed and sent to your employer. Your employer 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 professional status (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.
- Requirements for registration with a special purpose scope of practice are detailed at www.mcnz.org.nz.
- This is not a pathway to permanent registration.
- 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.

SECTION 1 – Confirmation of eligibility

- | | | | | |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you hold an acceptable primary medical qualification? Please see www.mcnz.org.nz for the criteria. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you meet the Council's English language requirements? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you have a postgraduate qualification approved by Council to work in a vocational scope as a locum tenens specialist? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you been in active clinical practice (for at least 20 hours per week) relevant to the branch of medicine registration is applied for, for at least 22 out of the past 36 months? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is your job offer for a position of 12 months or less? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you been practising for at least 6 of the last 12 months' immediately prior to your application under the jurisdiction of another medical regulatory authority? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you have evidence of satisfactory participation in any recertification programmes required by the authority mentioned above during that time? If no, can you provide separate evidence of ongoing professional development for at least 6 of the last 12 months? |

SECTION 2 – Documentation that must be provided by the applicant

- | | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Part A (checklist 13) completed | <input type="checkbox"/> | Part B (REG1) application completed |
| <input type="checkbox"/> | Copy of identity detail page(s) from your passport | <input type="checkbox"/> | Application fee – See REG1 |
| <input type="checkbox"/> | IELTS or OET result if required to meet English language requirements – see section 2 of the REG1 form. | <input type="checkbox"/> | Evidence of active clinical practice (for at least 20 hours per week) relevant to the branch of medicine registration is applied for, for at least 22 out of the past 36 months. |
| <input type="checkbox"/> | Current curriculum vitae: <ul style="list-style-type: none">• provide your employment history in chronological order by month and year• explain any gaps in employment of 3 months or more• clearly identify any periods worked for less than 30 hours a week as part-time | <input type="checkbox"/> | If you have made a competence or conduct disclosure: <ul style="list-style-type: none">• certificates of professional status (good standing) from every jurisdiction where you have worked for the previous 5 years• certificates of professional status (good standing) from any jurisdiction(s) where the investigation(s) or proceedings occurred (even if this was more than 5 years ago) |

Evidence of participation in a recertification programme required by the medical regulatory authority in which you were working. Evidence needs to show participation for at least 6 months of the 12 months preceding application.¹

Before submitting your application for registration you must submit your required documents to EPIC for primary source verification ([see this link for what documents must be verified](#)). 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.

EPIC ID Number: C-_____

And if applicable certified copies of:

Evidence of name change(s) – ie marriage certificate, deed poll, affidavit or statutory declaration

Relevant medical reports

Notice of conviction or criminal record (s). (Please note your rights under the Criminal Records (Clean Slate) Act 2004 before providing details of any criminal record)

Disciplinary decisions, explanation of event(s), relevant correspondence, court documentation, certificates of good standing

To be submitted by proposed employer:

Comprehensive supervision and induction plan

Letter of appointment and position description

Form REG3 – Approval of position and supervisor

Three recent references (on the RP6 form, or processing may be delayed):

- from senior medical colleagues familiar with the applicant's clinical practice within the 3 years immediately prior to application
- at least one reference must be from most recent place of employment

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, or after 12 months, whichever is earlier.

Applicant's signature

Date

Print name

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 (the 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 the 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

Date

Print name

¹ If no recertification requirements have been set by that authority, you must produce separate evidence of ongoing professional development during that period.