r F	Request for re-evaluation of a registration within a vocationation or doctors who hold a postgraduate medical of prescribed New Zealand or Australasian postgr PO Box 10 509, The Terrace, Wellington, 62	Aug 2014 Aug 2014 qualification which is <u>not</u> the raduate medical qualification 143, New Zealand
Level 28 Plimmer Towers, 2-6 Gilmer Terrace, Wellington, 6011, New Zealand (for packages) Contact: +64 4 384 7635 – 0800 286 801 – <u>registration@mcnz.org.nz</u>		
If you are not satisfied with the final decision of the Medical Council of New Zealand (Council) regarding your application for vocational registration, you may request a re-evaluation of your application. Council will ask the specialist training college (Vocational Education and Advisory Bodies VEABs), which assessed your original application, to consider any <u>new</u> information you provide in support of your application.		
Any new information you provide should specifically relate to your qualifications, training and experience. Examples of new information may include: letters of support from suitable specialists; additional training information; and/or additional logbook information.		
All information provided will be forwarded to the VEAB for consideration. Following receipt of further advice from the VEAB, Council will consider whether or not to modify its final decision. Council will send you formal notification advising whether or not it has upheld or modified its final decision.		
Vocational scope of practice being applied for:		
Full name:		Reference/registration No:
VOC3-REV – Fee		
A non-refundable re-evaluation fee applies. Visit our website here for a current list of fees.		
	Cheque enclosed	Credit card
	Visa	MasterCard
Card number:		
Name on card:		Expiry date: /
Cardholder's sig	gnature:	Date:
For office use o Applicant's nam Workflow ID:	•	Reference/registration No: