



# Application for Annual Practising Certificate

- You must have a current annual practising certificate (APC) if you are practising medicine in New Zealand.
- Items marked ● are available to the public as they form part of the medical register (see page 3 in the Guide). Information on the Medical register is also being made available to the Ministry of Health under a data provision agreement for the purposes of the Health Practitioner Index.
- Use the enclosed Guide to help you.** If you still need help please email [apc@mcnz.org.nz](mailto:apc@mcnz.org.nz) or phone 0800 286 801 extensions 785 or 794.

Registration number:

Last issued to:

Please return this application before

## 1 CONTACT DETAILS

Please check the details below. Print any changes in the right hand column.

If your name has changed you must attach a certified copy of deed poll, marriage certificate, etc.

● Surname or family name

Print any changes in this column

● First or given names

● Previous names listed in Register

The HPCAA requires you to notify Council of your current postal address and current residential address. As all communications will be sent to your registered address please tick the appropriate circle to show which address you want to use for this purpose.

Postal address – tick here to nominate as ● registered address

Residential address – tick here to nominate as ● registered address

Phone Number

Fax Number

Other (mobile or locator)

Email

## 2 PRACTISING INTENTION

You (or a proxy where applicable) must complete and sign this form.

Tick the option that applies to you.

- I am practising medicine in New Zealand and wish to apply for an APC. Go to Section 3 over the page.
- I am not practising in New Zealand at present but wish to retain my name on the Register. No fee is payable.  
I am currently:  resident in New Zealand.  resident overseas – a proxy may sign on your behalf.

Name of proxy

Relationship to doctor

Signature

/ /

Date

- I am not practising in New Zealand and wish to have my name removed from the Register. No fee is payable.

Signature

/ /

Date

**3 CURRENT PRACTICE**

Yes  **Did you have a New Zealand APC last year?**

**Reminder** If you have practised overseas during the last APC year please provide a certificate of good standing (CGS) from each country or board that you have been registered with.

No  Have you practised medicine in the last three years?

Yes  Please attach details of work for the last three years.

If you have been practising overseas provide a CGS from each country or board that you have been registered with since leaving New Zealand. The CGS must be less than three months old at the time you start work in New Zealand.

No  Contact the Council office.

**4 EMPLOYMENT AND CONTINUING PROFESSIONAL DEVELOPMENT**

**Details of current employment and continuing professional development arrangements**

Please print any changes in the right hand column.

It is expected that doctors work within their scope of practice. Full details of scopes of practice are available on the Council's website [www.mcnz.org.nz](http://www.mcnz.org.nz)

**Work sites**

**Print any changes in this column**


**Work roles**


**Work types**


● **Scope of practice**

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If you are practising at **three or more work sites** please attach a note to this application form detailing your work site, role and type.

**5 VOCATIONAL TRAINING PROGRAMMES**

Are you currently training to become a specialist within a vocational training programme.

If you are in a Council approved vocational training programme you meet requirements for recertification. Your participation will be audited and confirmation of enrolment may be obtained from the branch advisory body.

Yes  Please print the name of the programme and qualification below:

Can we contact the branch advisory body about your participation in their vocational training programme?

Yes  No

No  Go to Section 6.

**6 TE ORA**

**Te Ohu Rata o Aotearoa, the Maori Medical Practitioners' Association, supports Maori medical students and graduates.** Do you agree to Council providing your name and registered address to Te ORA so they can contact you?

Yes  No

**7 DISCLOSURES**

Since you were last issued an APC, have you been subject to:

a. **A formal competence enquiry or a restriction or withdrawal of your credentials** based on your clinical performance by an employer or licensing or professional body (other than by the Medical Council of New Zealand and excluding any college requirements for recertification or reaccreditation)?

- Yes  Include in an envelope marked STRICTLY CONFIDENTIAL certified copies of relevant findings or decisions, orders, reports, conviction notices, endorsements on registration or practising certificates.
- No  Go to Question b.

b. **An adverse finding in any discipline action** by an employer or licensing or professional body (other than by the Medical Council of New Zealand or Health Practitioners Disciplinary Tribunal)?

- Yes  Include in an envelope marked STRICTLY CONFIDENTIAL certified copies of relevant findings or decisions, orders, reports, conviction notices, endorsements on registration or practising certificates.
- No  Go to Question c.

c. **A police investigation or a guilty finding in any criminal proceeding** (including traffic offences involving alcohol or drugs)?

- Yes  Include in an envelope marked STRICTLY CONFIDENTIAL certified copies of relevant findings or decisions, orders, reports, conviction notices, endorsements on registration or practising certificates.
- No  Go to Question d.

d. Since your last APC application have you been affected by a **mental or physical condition** such as a neurological, psychiatric or addictive (drug or alcohol) disorder, including physical deterioration due to injury, disease or degeneration?

- Yes  Include in an envelope marked "STRICTLY CONFIDENTIAL ATTENTION HEALTH MANAGER" full details of the condition, the duration of any treatment, name and contact details of treating practitioner(s), involvement of university/medical school/employer.

**Can the Council's Health Manager contact your treating practitioner(s) for further information?**

- Yes
- No  There may be a delay issuing your APC while advice is obtained from the Council's Health Committee.

No  Complete the fees section below and sign the declaration over the page.

**8 FEES**

Fees include **Disciplinary Levy and GST.**

GST registration number 11 577 261

A fee of  is due for the period  before

**Method of payment**

- Cheque made out to the Medical Council of New Zealand
- Charge my credit card:  VISA  Mastercard  Diners  AMEX

Card number                    Expiry date

Cardholder's name

Cardholder's signature

Date

*The annual practising certificate is your receipt and will be issued when payment is received.*

**9 DECLARATION** I declare that the information I have given in this application form is true and correct.

Signature \_\_\_\_\_  
 \_\_\_\_\_ / /  
 Date

- CHECKLIST**
- Completed all sections and signed the declaration
  - Enclosed any supporting documentation where applicable
  - Send your completed application and fees in the envelope provided to:  
 The Registrar, Medical Council of New Zealand, PO Box 11-649, Wellington

**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.

Registration number:  
 Quarter:

**Employer codes**

- SP** Solo private practice
- PP** Group private practice
- PUB** Public hospital
- PRIV** Private hospital
- G** Govt Dept/Agency
- CC** Commercial company
- U** University/Polytechnic
- PB** Professional body
- O** Other - please specify

**Were you employed in medical (including non-clinical) work in New Zealand during the year?**

- Yes  Please complete the survey below.  
 No  There are no more questions.

**Complete the following columns based on a typical working week. Use the codes provided.**

	Main work site	2nd work site	3rd work site	If you have 4 or more work sites please include additional hours in the 3rd work site column.
Employer code	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Role	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Work type	<input type="text"/>	<input type="text"/>	<input type="text"/>	Total hours worked for week
Hours worked	<input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>
Include on-call time that is worked in 'Hours worked'. If you cannot identify "typical" hours, enter your most recent week.			Additional hours on-call but not worked	<input type="text"/>
If total hours worked in a typical week is less than 40 hours, print a reason code here				<input type="text"/>

**Work type**  
 See page 10 of the Guide for a list of work type codes.

How many weeks out of the last 52 did you work in New Zealand?

Print the number of weeks worked excluding time on leave or working overseas.

If less than 46 weeks, print a reason code here

**Reason codes**

- PP** Personal preference
- D** Difficulty obtaining work
- A** Also worked overseas
- R** Retired/semi-retired
- PT** Part-time work
- C** Casual basis - eg short-term contracts
- PL** Parental leave
- F** Family care
- J** Just joined NZ medical workforce
- O** Other - please specify
- H** Health
- C** Contractual requirements
- S** Study

**To which ethnic group or groups you belong?** If necessary tick up to three circles.

- New Zealand European
- Maori
- Other European, please specify:
- Pacific Islands, please specify:
- Asian, please specify:
- Middle Eastern, please specify:
- African, please specify:
- Other, please specify:

**Thank you for completing this survey. A summary of published results will be available on request.**

**PLEASE DO NOT WRITE IN THIS SPACE**