



Practice intentions

To be completed by doctors applying for an APC to return to work after an absence of three or more years

Nov 2005
For office use only
Registration No:

PLEASE READ THE FOLLOWING, IT CONTAINS IMPORTANT INFORMATION.

- In accordance with the Health Practitioners Competence Assurance Act 2003 the Registrar must refer to Council any application for an annual practising certificate from a doctor who has not practised medicine in the previous three years.
- If the application is approved, conditions will be placed on the doctor's scope of practice which will require the doctor to work in an agreed position under supervision for a period of time.
- Applications are considered on a case by case basis. To assist in the decision making please complete all sections of this form and return it with your application for your annual practising certificate.

SECTION 1 – Registration details

Name and registration number	
Previous position - please also attach a detailed CV	
Last date of medical practice	
Reason(s) for not practising	
Continuing medical education - please provide details of what, if anything, you have done to maintain your medical skills and knowledge since you stopped medical practice)	

SECTION 2 – Proposed employment

Proposed workplace	
Proposed work role - eg GP, house officer	
Proposed scope of practice - eg general practice, rotating runs, general surgery	
Duration of employment - minimum of six months	
Hours of work	
Proposed supervisor - must be registered in the same vocational scope as you will work in	
Proposed CME - eg recertification, vocational training	

SECTION 3 – Practice profile (complete this section only if you are working as a general practitioner)

Details of all general practitioners working in the practice

MCNZ Number	Name	Registration Status, ie <ul style="list-style-type: none"> • vocational • general • provisional vocational • provisional general

After hours/on call arrangements:

Supervision arrangements while principal supervisor is on leave or not available:

SECTION 4 – Attachments (to be provided by employer)

- Induction plan (which must include time [up to one week] to be spent as an observer in the practice)
- Supervision plan

SECTION 5 – Supervisor’s declaration

- I am familiar with the attached supervision and induction plans, and have read the Council’s booklet “*Guidance for doctors working in supervised practise and their supervisors*” and I understand what is required of me.
- I agree to supervise the above named doctor and to report promptly to the Medical Council when asked to do so.

Supervisor’s signature	Date / /
Print name	MCNZ number