



CHKL7: Australian general registrants pathway

Part A: Checklist for registration in New Zealand

- An application for registration in New Zealand consists of **(A) checklist** and **(B) application form (REG1)**.
- Both parts must be completed and sent to your proposed employer. They will fill out the relevant sections, provide the necessary documents, and send the completed application to Council staff.
- 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 must provide an **original certificate of professional status (good standing)** from every jurisdiction you have worked under for the previous **5 years (issued within 3 months of your employment start date in New Zealand)**.
- If you satisfy all the criteria, you will be registered within a provisional general scope of practice for at least one year before being eligible to apply for a change of scope to the General scope of practice. The full requirements are [listed on our website](#).
- Processing time for a complete application is 20 working days. There will be delays if an incomplete application is submitted. If you need help completing your application, please contact the Council office on +64 4 384 7635 or 0800 286 801 or registrationenquiry@mcnz.org.nz

SECTION 1 – Confirmation of eligibility for registration

- You must answer ‘yes’ to all of the questions in **either** option A **OR** option B in order to be eligible for this registration pathway.
- This pathway is for doctors who have gained general registration in Australia via the Medical Board of Australia standard pathway.
- Graduates of Australian medical schools should apply via the *New Zealand and Australian graduates* pathways.

Option A: AMC Clinical examination

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|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you passed the Australian Medical Council (AMC) MCQ examination? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you passed the AMC Clinical examination? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you satisfactorily completed 12 months of supervised practice in Australia? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you hold full general registration in Australia? |

Option B: AMC approved workplace-based assessment

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|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you passed the Australian Medical Council (AMC) MCQ examination? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you successfully completed a formal AMC approved workplace-based assessment (WBA)? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you satisfactorily completed 12 months of supervised practice in Australia? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you hold full general registration in Australia? |

SECTION 2 – Documentation that must be provided with the application

To be submitted by applicant:

- | | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Part A checklist completed | <input type="checkbox"/> | Copy of AMC MCQ examination pass |
| <input type="checkbox"/> | Part B REG1 application form completed | <input type="checkbox"/> | Copy of identity detail page(s) from your passport |

<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) 	<input type="checkbox"/> Current curriculum vitae: <ul style="list-style-type: none"> provide employment information in chronological order by month and year explain any employment gaps of 3 months or more clearly identify any periods worked for less than 30 hours a week as part-time <input type="checkbox"/> IELTS or OET result (only required to meet English language requirement – see section 2 of REG1 form).
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If Option A <input type="checkbox"/> Copy of AMC Clinical examination pass	If Option B <input type="checkbox"/> Copy of AMC Work-Based Assessment pass
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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, copies of:

<input type="checkbox"/> Evidence of name change(s) – i.e. marriage certificate, deed poll, affidavit or statutory declaration <input type="checkbox"/> Relevant medical reports	<input type="checkbox"/> Conviction notice(s) <input type="checkbox"/> Disciplinary decisions, explanation of event(s), relevant correspondence, court documentation, certificates of good standing
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To be submitted by proposed employer:

<input type="checkbox"/> Letter of appointment <input type="checkbox"/> REG3 form – approval of position and supervisor <input type="checkbox"/> Supervision, orientation and induction plan <ul style="list-style-type: none"> Supervision guidelines are listed on our website 	<input type="checkbox"/> Three recent references that have been verified References must be: <ul style="list-style-type: none"> completed using Council’s referee report form (RP6 form) from senior medical colleagues familiar with the applicant’s practice within the 3 years immediately prior to application signed within 6 months of Council receiving application at least one reference must be from the applicant’s most recent place of employment
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SECTION 3 – Signature of applicant

Applicant’s signature	Date
Print name	

SECTION 4 – Signature of employer or applicant’s nominated agent

- I confirm 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 (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 Council as soon as is practicable.
- I consent to the disclosure of relevant information to agencies outside Council where such disclosure is necessary in the Council’s opinion to safeguard the health and safety of the public.

Employer and/or applicant’s
nominated agent

Date

Print name