



CHKL1: New Zealand and Australian graduates

Part A: Checklist for registration in New Zealand

IMPORTANT INFORMATION.

- An application for registration in New Zealand consists of **(A) checklist** and **(B) application form (REG1)**.
- If you have a job offer in New Zealand, submit the completed documents to your proposed employer. They will fill out the relevant sections, provide the necessary documents, and send the completed application to Council staff.
- If you do not have a job offer in New Zealand, sections 4, 5 and 6 do not need to be completed. You can [email](#) your application directly to Council, ensuring each document is saved as a separate PDF. Council staff will contact your referees directly for references. 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**. The certificate of professional status (good standing) must be issued within 3 months of the start date of employment in New Zealand.
- If you satisfy all the criteria, you will be registered within a General scope of practice.
- Incomplete applications will not be processed. Processing time for a complete application is 20 working days. If you need help completing your application please 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 | Did you graduate from a New Zealand or Australian medical school? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you completed an internship in New Zealand or Australia? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you completed an internship in a country other than New Zealand or Australia? If yes, which country? |

SECTION 2 – Documentation that must be provided with the application by applicant

- | | | | |
|--------------------------|--|--|--|
| <input type="checkbox"/> | Part A checklist completed | <input type="checkbox"/> | Part B REG1 application form completed |
| <input type="checkbox"/> | Copy of identity detail page(s) from your passport | <input type="checkbox"/> | Current curriculum vitae: <ul style="list-style-type: none"> • provide employment 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"/> | | Evidence of continuing medical education | <input type="checkbox"/> |
| <input type="checkbox"/> | If you have made a competence or conduct disclosure: | <input type="checkbox"/> | Recertification – if you have a job offer in New Zealand |
| <input type="checkbox"/> | | <input type="checkbox"/> | Completed CPD7 if you are in a training programme, along with evidence of enrolment in the programme. |

- 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)

Completed CPD8 recertification form.

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:

Relevant medical reports

Conviction notice(s)

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

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

SECTION 3 – Signature of applicant

Applicant's signature

Date

Print name

SECTION 4 – Documentation that must be provided with the application by employer

- Letter of appointment
- Three recent references that have been verified. References must be:
- all references must be completed using Council’s referee report form (RP6 RP9 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

SECTION 5 – Reference details (to be completed by employer or applicant’s nominated agent)

Council requires three references to complete the application*.

1. References must be completed by senior medical colleagues who are familiar with the applicant’s current professional practice and have worked with the applicant within the last 3 years. At least one of these must be from a recent employer.
2. Where an applicant is applying for registration at registrar level or above, the referees must be consultants/specialists in the same branch of medicine as the applicant, and must have worked closely with and be familiar with the applicant’s practice at the level they have been appointed in New Zealand.
3. For full details on reference requirements please refer to the Council’s *Policy on reference requirements for registration applications*.

These can be either:

- Transcripts of verbal references
- Email references sent directly between the employer and the referee
- Written references

Council requires all references to be verified at source. Please sign that you have done so:

Print name (person who verified the reference)		Position	
Signed		Date	/ /

SECTION 6 – 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			