



ES1: Application for authorisation to provide secondary maternity services

Vocational scope

Section 1 – Important Information

- Doctors registered in the vocational scope of rural hospital medicine or general practice and eligible to apply to the Medical Council for authorisation to provide secondary maternity services should use this form (see policy [here](#)). Our processing time is **20 working days** from receipt of a complete application.
- The Medical Council authorisation must be given and endorsed on your practising certificate before you can commence the provision of secondary maternity services under your vocational scope of practice.
- Authorisations are valid for one year. You will need to apply before the end of the year to renew your authorisation. Application requirements to renew include evidence that you have maintained compliance with recertification requirements.
- We are not able to process incomplete applications. If you need help completing your application, please contact the Medical Council office; phone +64 4 384 7635, or email registration@mcnz.org.nz.

Section 2 – To be completed by applicant

Last name:		Registration number:	
First name(s):			
Vocational scope of practice:	<input type="checkbox"/>	Rural hospital medicine	
	<input type="checkbox"/>	General practice	

Section 3 – Documentation to be provided

To be provided by the applicant (initial application):

<input type="checkbox"/>	Certificate of completion: DRANZCOG Advanced <u>or</u> ARANZCOG
<input type="checkbox"/>	Evidence of enrolment in RANZCOG recertification programme

To be provided by the applicant (renewal application):

<input type="checkbox"/>	Evidence of compliance with RANZCOG recertification programme
<input type="checkbox"/>	Evidence of previous credentialling

Section 4 – Declaration and signature of applicant

I have read the Medical Council's [policy](#) on authorisations to provide secondary maternity services and understand that by being granted authorisation by the Medical Council I may undertake secondary maternity service delivery in the absence of an onsite Obstetrician and Gynaecologist as part of an obstetrics and gynaecology service. I understand that as part of this authorisation, I must satisfy continuing education programme requirements in addition to the recertification requirements expected of doctors registered in my vocational scope of practice. I understand that as a requirement of the Medical Council's policy, I must be credentialled by Health New Zealand | Te Whatu Ora before providing these services. I understand that I will apply to renew my authorisation on an annual basis and provide evidence that I have maintained compliance with recertification requirements.

Signed:		Date:	dd / mm / yyyy
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