



Code:
REG2

Optometrists and Dispensing Opticians Board

Application to Change Scope of Practice: Optometrist to Optometrist (TPA endorsement)

***THIS FORM IS FOR PRACTITIONERS REGISTERED WITHIN THE OPTOMETRIST SCOPE OF PRACTICE, WHO WISH TO APPLY FOR REGISTRATION WITHIN THE OPTOMETRIST (TPA ENDORSEMENT) SCOPE OF PRACTICE.**

Instructions

Please read the supporting information on page 3 prior to completing this form. Please answer every question. Incomplete applications will be returned to the applicant.

Please print clearly

I (*full name*) Registration no
apply to change my scope of practice from optometrist to optometrist (TPA endorsement).

Personal and contact details

Title (*circle*): Dr/Mr/Miss/Mrs/Ms First/other names:

Family name/surname:

Previous names (*if any*) you have used:..... Date changed:.....
(*please attach evidence of previous name(s) – this must be an original document or a certified copy*)

Date of birth: day/month/year...../...../..... Country of birth:

Postal address (<i>this will not be published</i>)	Work address if different from postal address (<i>this will be part of the public register unless you provide a written objection</i>):	Residential address (<i>this will not be published</i>)
.....
.....
.....
.....
Postcode:	Postcode:	Postcode:

Work phone: Cell phone: Other phone:.....

Primary email contact..... Fax:
(*for Board newsletters*)

Qualification information

I hold the following prescribed qualification for registration within the scope of practice of optometrist (TPA endorsement):

- A written acknowledgement from the University of Auckland Faculty Of Science that the applicant has successfully completed the three Postgraduate Diploma in Science courses, OPTOM 781 Principles of Ocular Diseases, OPTOM 784 Ocular Disorders and their Management, and OPTOM 787 Clinical Ocular Therapeutics.
- A BOptom, University of Auckland, conferred in 2007 and thereafter

- A Certificate in Ocular Pharmacology, University of Auckland and a written acknowledgement from the University of Auckland Faculty of Science that the applicant has successfully completed all the requirements of the Auckland programme in ocular therapeutics (TAPIOT) conferred between 2004 and 2008
- A pass in the Assessment of Competence in Ocular Therapeutics (ACOT) administered by OCANZ
- A pass in a therapeutics programme accredited by OCANZ
- A pass in a therapeutics programme accredited by the Board.

Statutory declaration*

** This statutory declaration must be no more than six months old at the time the complete application is received by the Board.*

The Health Practitioners Competence Assurance Act 2003 (Act) states under Part 2 Section 16 that no applicant for registration may be registered as a health practitioner of a health profession if:

- he or she does not satisfy the responsible authority that he or she is able to communicate effectively for the purposes of practising within the scope of practice they are seeking to be registered with; or
- he or she does not satisfy the responsible authority that his or her ability to communicate in and comprehend English is sufficient to protect the health and safety of the public; or
- he or she has been convicted by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of three months or longer, and he or she does not satisfy the responsible authority that, having regard to all the circumstances, including the time that has elapsed since the conviction, the offence does not reflect adversely on his or her fitness to practise as a health practitioner of the profession; or
- the applicant is unable to perform the functions required for the practice of the profession because of some mental or physical condition; or
- he or she is the subject of professional disciplinary proceedings or under investigation or under an order of a professional disciplinary tribunal in respect of professional disciplinary proceedings in New Zealand or another country, and the authority believes that the proceedings reflect adversely on the practitioner's ability to practise.

Section 172 of the Act provides for a fine not exceeding \$10,000 and penalties for a person who knowingly makes a false declaration or representation to the Board.

HAVING READ ALL OF THE ABOVE PLEASE CONSIDER THE FOLLOWING DECLARATION CAREFULLY, BEFORE YOU SIGN.

1. All of the information provided with this application is true and correct in every particular and detail.
2. I will provide the Optometrists and Dispensing Opticians Board with any such further information as it may require.
3. I am fit for registration as defined under Section 16 of the Health Practitioners Competence Assurance Act 2003 *(see details above)*.
4. I know of no information that could cause the Optometrists and Dispensing Opticians Board not to be satisfied that I am a fit and competent person to be registered within the scope of practice of optometrist (TPA endorsement)
5. I agree to permit the Optometrists and Dispensing Opticians Board to collect individual statistical data, and the disclosure of my name if requested by the Optometrists and Dispensing Opticians Board for the purposes of monitoring and auditing therapeutic optometrist prescribing behaviour as required by the Minister of Health.

I indicate this by signing below.

SIGNED BY: Name	
<i>(full name of applicant)</i>	<i>(signature of applicant)</i>
DECLARED AT: this	day of.....20.....
IN THE PRESENCE OF ME:
<i>(full name of witness)</i>	<i>(signature of witness)</i>
Address (of witness):	
Occupation (of witness): Authority to take statutory declaration:.....	
DECLARED AT: this	day of.....20.....

1. Please post your application to:
 - The Registrar
 - Optometrists and Dispensing
 - Opticians Board
 - PO Box 10-140
 - Wellington
 - New Zealand
 or courier to:
 - Level 3
 - Freemason House
 - 195-201 Willis St
 - Wellington
 - New Zealand.

2. If you have any questions, please contact the Board on:
 - Phone: (64 4) 474 0704
 - Fax: (64 4) 474 0709
 - Email: deputyregistrar@odob.health.nz
 - Website: www.odob.health.nz

3. All attachments to this application form must be clearly marked with the following words:

“This is the attachment referred to in the Statutory Declaration of [name] declared at [location] this [] day of [] 200[]”.

For office use

- c Correct application fee paid
- c Evidence of name change *(if applicable)*
- c Certified copy of relevant qualification **or** official academic transcript showing eligibility to graduate from above, or written acknowledgment from the University of Auckland that the applicant has passed OPTOM 781, 784 and 787
- c Application duly completed – including personal and contact details, qualification information and statutory declaration.

Date approved:.....

or

Date referred to authority:.....