Optometrists and
Dispensing Opticians Board

Code: REG2

Application for Prescribing Rights:

***THIS FORM IS FOR PRACTITIONERS REGISTERED WITHIN THE OPTOMETRIST SCOPE OF PRACTICE WHO HAVE COMPLETED ADDITIONAL QUALIFICATIONS AND WHO WISH TO APPLY FOR AUTHORISATION TO PRESCRIBE MEDICINES.**

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 have the condition prohibiting me from prescribing medicines removed from my scope of practice.

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Postal address *(this will not be published)*	Work address if different from postal address (*this will be part of the public register unless you provide a written objection):*	Residential address *(this will not be published)*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

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

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

Qualification information

I have achieved the following prescribed qualification for prescribing therapeutic medicines (please tick one):

☐ A pass in the Assessment of Competence in Ocular Therapeutics (ACOT) administered by OCANZ

☐ Certificate in Ocular Therapeutics, Australian College of Optometry, Australia

☐ Graduate Certificate in Ocular Therapeutics, Queensland University of Technology, Australia

☐ Graduate Certificate in Ocular Therapeutics, University of New South Wales, Australia

Please attach a certified copy of your qualification to this application.

Statutory declaration*

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

PLEASE CONSIDER THE FOLLOWING DECLARATION CAREFULLY, BEFORE YOU SIGN.

I,.....
Full name

of ....
Place of abode/address Occupation

Solemnly and sincerely declare that

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 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 with prescribing rights
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.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the *Oaths and Declarations Act 1957*.

Signature of declarant: .....

Declared at ..... on this ..... day of 20

Before me: .....
A person authorised to take statutory declaration

Payment section

- Fee for applicants applying within 1 year of the date the relevant qualification was conferred: $153.00
- Fee for applicants applying more than 1 year after the date the relevant qualification was conferred: $368.00
  (your application will be returned to you if the incorrect fee is paid).

☐ I enclose my cheque for **NZ$**..... made payable to the name of **"Optometrists and Dispensing Opticians Board"**

Fee banked stamp:

OR

Please debit my *(please tick one)*
☐ MasterCard
☐ Visa
the sum of NZ$ .....

Card number **Expiry date**

Cardholder's name.....Cardholder's signature.....

Checklist for applicants

☐ Application form is complete and all questions answered.

☐ Payment details provided, and correct fee paid

☐ Certified copy of certificate of qualification or official academic transcript is attached.

Notes

All documents must be originals or certified copies of originals. A certified copy is a photocopy signed by a Judge, Commissioner of Oaths, Justice of the Peace, solicitor of New Zealand, notary public, commonwealth representative, or officer authorised to take statutory declarations in that country stating: **'this is certified as a true copy'**.

The Board will not process any application that is not duly completed, until it is declared completed by the Registrar. The Board may, if it thinks fit, receive any information from, or question, the applicant, or any other person, in respect of an application being considered by the Board. For the purposes of any such questioning, the Board may administer an oath to any person. Before the Board questions any other person about the applicant, the Board must advise the applicant about the identity of the persons to be questioned and the nature of the questions.

Under section 19(1) of the Act, the Board must consider a duly completed application as soon as reasonably practicable after receiving it.

The Board timeframe guide for processing applications for prescribing rights where the application is received within 1 year of the relevant qualification being conferred is 10 working days.

The Board timeframe guide for processing applications for prescribing rights where the application is received more than 1 year after the relevant qualification is conferred is 20 working days.

1. Please post your application to:

   The Registrar
   Optometrists and Dispensing Opticians Board
   PO Box 9644

2. If you have any questions, please contact the Board on:

   Phone: (64 4) 474 0704
   Fax: (64 4) 474 0709
   Email: Annette.McCoy@odob.health.nz

Wellington 6141
New Zealand

Website: www.odob.health.nz

or courier to:

Level 5
22 Willeston Street
Wellington 6011
New Zealand

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 [ ] 201[ ]".

For office use

- ☐ Correct application fee paid
- ☐ Evidence of name change *(if applicable)*
- ☐ Certified copy of relevant qualification
- ☐ Application duly completed – including personal and contact details, qualification information and statutory declaration.

Registrar signature **Date approved**

Date approved:.....

or

Date referred to authority:.....