



# Optometrists and Dispensing Opticians Board

## Application for a Practising Certificate (New Graduate)\*

**\*THIS FORM IS FOR PRACTITIONERS WHO HAVE GRADUATED IN THE LAST 12 MONTHS, AND WHO HAVE NEVER PREVIOUSLY REGISTERED OR PRACTISED IN NEW ZEALAND OR OVERSEAS**

### 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 for a practising certificate in the following scope of practice:

Please tick:  **Optometrist**

**Provisional Optometrist**

**Dispensing optician**

Note: It is illegal to practise without holding a current practising certificate.

## 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 original or certified copy evidence of previous name(s))

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

Postal address (this will not be published)	Work address if different from postal address (this will be part of the public register unless you provide a written objection):	Residential address (this will not be published)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

# Self declaration

*This statutory declaration must be no more than six months old at the time the complete application is received by the Board. In New Zealand, statutory declarations can be taken by a Judge, Commissioner of Oaths, Justice of the Peace, solicitor of New Zealand, notary public, commonwealth representative, or other officer authorised to take statutory declarations. If you are applying from overseas, you must find a person who is authorised to take a statutory declaration in the country from which you are applying.*

## PLEASE CONSIDER THE FOLLOWING DECLARATION CAREFULLY, BEFORE YOU SIGN.

I,.....  
Full name

of .....  
Place of abode 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 it may require.
3. I give consent to the Optometrists and Dispensing Opticians Board sharing my practising status information with the New Zealand Association of Optometrists (for optometrists) or the Association of Dispensing Opticians of New Zealand (for dispensing opticians) for CPD recording and reporting purposes.
4. I believe to the best of my knowledge that I am competent to practise in accordance with my scope of practice and that I have no mental or physical condition/s that may impact on my ability to practise my profession.
5. 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 hold a practising certificate.

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

*(Section 172 of the Health Practitioners Competence Assurance Act 2003 provides for a fine not exceeding \$10,000 and penalties for a person who knowingly makes a false declaration or representation to the Board).*

**Payment section**

**\*NOTE:** There is a reduced fee for practitioners applying for a practising certificate in the second half of the APC year (which ends on 31 March every year). If you wish to practise at any time before 30 September, you must pay the full APC fee.

**Payment option 1 (for applications received before or on 30 September)**

**Fee for optometrists (all scopes of practice): \$813.50 (Incl. GST & a disciplinary levy of \$64.50)**  
**Fee for dispensing opticians: \$747.00 (Incl. GST & disciplinary levy of \$37)**

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

Card number: [ ]      Expiry date: [ ]

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

**Payment option 2 (for applications received on or after 1 October) (NB it is illegal to practise without a current practising certificate)**

**Fee for optometrists (all scopes of practice): \$542.00 (Incl. GST & disciplinary levy of \$43.00)**  
**Fee for dispensing opticians: \$499.00 (Incl. GST & disciplinary levy of \$25)**

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

Card number: [ ]      Expiry date: [ ]

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

**Notes**

- 1. Please post your application to:  
The Registrar  
Optometrists and Dispensing  
Opticians Board  
PO Box 9644  
Wellington 6141  
New Zealand
  - 2. If you have any questions, please contact the Board on:  
Phone: (64 4) 474 0704  
Email: Annette.McCoy@odob.health.nz  
Website: www.odob.health.nz
- or courier to:  
Level 5  
22 Willeston Street  
Wellington 6011  
New Zealand.

## For office use:

- |   |   |
|---|---|
| <input type="checkbox"/> All questions completed    | <input type="checkbox"/> Completed Register Information |
| <input type="checkbox"/> Completed self declaration | <input type="checkbox"/> Completed Remittance Advice    |
| <input type="checkbox"/> Payment details completed  |   |

\_\_\_\_\_  
Registrar signature

\_\_\_\_\_  
Date approved

Date APC issued: .....

OR

Date APC submitted to Authority (s 27) .....

## Information for applicants for a practising certificate

You are applying for an annual practising certificate (APC) under the Health Practitioners Competence Assurance Act 2003 (HPCA Act).

The purpose of the HPCA Act 2003 is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise.

Please spend time reading material related to the Act. See information on the Act on the Board's website: [www.odob.health.nz](http://www.odob.health.nz).

A scope of practice title and any practice conditions will be endorsed on your APC.

The Board may issue an interim practising certificate under Section 31(1) of the Act.

No person may claim to be practising a profession as a health practitioner of a particular kind or state or do anything that is calculated to suggest that the person practises or is willing to practise a profession as a health practitioner of that kind unless the person is a health practitioner of that kind; and holds a current practising certificate of that kind.

There are grounds set out in the Act under Section 27 (1) whereby the Registrar must submit an application to the authority for its consideration. They are as follows:

- (a) the applicant has, at any time, failed to maintain the required standard of competence; or
- (b) the applicant has failed to fulfil, or has failed to comply with, a condition included in the applicant's scope of practice; or
- (c) the applicant has not satisfactorily completed the requirements of any competence programme that he or she has been ordered by the authority to complete; or
- (d) the applicant has not held an annual practising certificate of a kind sought by the application within the three years immediately preceding the date of the application; or
- (e) the applicant is unable to perform the functions required for the applicant's profession because of some mental or physical condition; or
- (f) the applicant has not, within the three years immediately preceding the date of application, lawfully practised the profession to which the application relates.

The Registrar may decline to issue a practising certificate until any outstanding fines, expenses, or costs are paid. You may not practise until you have received your practising certificate.