



Payment Form

First/other names:	Family name/surname:	
Registration number	er (if applicable):	
Contact email addr	'ess:	
Postal address:		
	Postcode:	
Address Certificate	of Good Standing/Letter of Standing should be sent to (if applicable):	
	Postcode:	
Service for p	payment	
Tick as required	Service	Fee (incl GST)
	Maintenance of registration and communication for non-practising practitioners	\$100.00
	Maintenance of registration and communication, and recording of continuing professional development credits, for non-practising practitioners	\$306.00
	Certificate of Registration	\$30.00
	Restoration of name to Register	\$100.00
	Certificate of Good Standing/Letter of Standing	\$30.00
	Letter confirming Authority to Practise	\$30.00
	Copy of Register	\$30.00
	Application for assessment by the CPD accreditation committee of an individual CPD dossier	\$204.00
	Hourly fee for application for assessment of accreditation of online CPD	\$60.00

activity, where the activity provides more than one hour's learning.

Payment section			
Please debit my (please tick one) MasterCard Visa the sum of NZ\$	Fee banked stamp:		
Card number	Expiry date		
Cardholder's name	Cardholder's signature		