OPTOMETRISTS AND DISPENSING OPTICIANS BOARD

Te Poari o ngā Kaimātai Whatu me ngā Kaiwahakarato Mōhiti

Code: REG3

Application for restoration to the Register of Optometrists or the Register of Dispensing Opticians*

***THIS FORM IS FOR PRACTITIONERS WHO HAVE PREVIOUSLY BEEN ON THE REGISTER, AND WHOSE REGISTRATION HAS BEEN CANCELLED UNDER SECTION 143(3), OR SECTION 144 (3) OR (5) OF THE HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT.**

Note: It is illegal to practise if you are not registered with the Board and do not hold a current practising certificate.

I *(full name)* ____ *(Registration number)* ______________

apply to be restored to the Register of: (**Please tick one)** ☐ **Optometrists** ***or*** ☐ **Dispensing opticians**

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Postal address *(this will not be published)*	Work address if different from postal address (*this will be part of the public register unless you provide a written objection):*	Residential address *(this will not be published)*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

Self declaration

I,...
Full name

of ....
Place of abode/address Occupation

Solemnly and sincerely declare that

1. To the best of my knowledge, I meet the requirements of section 16 of the Health Practitioners Competence Assurance Act, in that I am fit for registration. In particular:

   (a) I am able to communicate effectively for the purposes of practising within the scope of practice in which I seek registration True ☐ False ☐

   (b) I am able to communicate in and comprehend English to a standard sufficient to protect the health and safety of the public True ☐ False ☐

   (c) I have no convictions in any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer True ☐ False ☐
   (*if false, please provide details of the offence, the duration of the sentence, the time that has elapsed since the conviction, and any other information you consider the Board should know about the conviction)*

   (d) I have no mental or physical condition that may mean I am unable to perform the functions required for the practice of the profession True ☐ False ☐
   (if false, please provide details of the mental or physical condition, and letter from a registered medical practitioner dated not more than one month prior to the date of your application for registration, which outlines your relevant medical history, treatment plan, prognosis, and the medical practitioner's opinion on your fitness to practise your profession.

   (e) There are no professional disciplinary proceedings against me in New Zealand or in another country True ☐ False ☐

   (f) I am not under investigation, in New Zealand or any other country, in respect of any matter that may be the subject of professional disciplinary proceedings True ☐ False ☐

   (g) I am not subject to an order of a professional disciplinary tribunal, in New Zealand or anywhere else, or to an order of an educational institution, or to an order of an authority or similar body True ☐ False ☐

2. All of the information provided with this application is true and correct in every particular and detail.

3. I give consent to the Optometrists and Dispensing Opticians Board sharing my information (name, date of birth, ethinicity, gender, employer, place/s of work and the average weekly number of hours worked by me at each place of work) with the Director-General of Health for the purpose of supporting the Ministry of Health's responsibilities for workplace planning and development.

4. I give I give consent to the Optometrists and Dispensing Opticians Board sharing my information (name and title, gender, date of birth, registration ID, scope of practice, date scope of practice approved, registration date, practising status (incl. APC valid dates), qualification, year qualified, institute and country of qualification with the Ministry of Health for the purpose of being issued with a unique identifier (Common Person Number (CPN)), issued to all health practitioners, for the maintenance of a central, national database holding information to identify health providers (individuals, organisations and named facilities).

5. I will provide the Optometrists and Dispensing Opticians Board with any such further information as it may require.

6. 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

Fee for restoration to the Register: $100.00

Fee banked stamp:

Please debit my *(please tick one)*

☐ MasterCard

☐ Visa

the sum of NZ$ ....

Card number **Expiry date**

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

Use of Diagnostic Pharmaceutical Agents (DPA's)

NB: For Optometrists only

Optometrists who have not demonstrated competence in the use of Diagnostic Pharmaceutical Agents (DPAs) will not be authorised to practice in New Zealand until they have done so.

☐ My qualification included competence in the use of DPAs (please tick which of the following applies to you):

- BOptom from the University of Auckland, conferred from 1991
- BOptom from the University of Melbourne, conferred from 1984
- BOptom from the University of New South Wales, conferred from 1986
- BApplSc (Optometry) from the Queensland of Technology, conferred from 1989
- Certificate in Ocular Pharmacology from the University of Auckland
- An endorsement from the Department of Optometry and Vision Science, University of Auckland
- A pass in the OCANZ examination
- Other: please specify:……………………………………………..

☐ I am unsure if my qualification included competence in the use of Diagnostic Pharmaceutical Agents (DPAs). If you select this option, the Registrar will contact you for further information on your qualification in order to determine whether competence in the use of DPAs was included in your qualification.

Notes

1. Please post your application to:

   The Registrar
   Optometrists and Dispensing Opticians Board
   PO Box 9644
   Wellington 6141
   New Zealand

   or courier to:

   Level 5
   22 Willeston Street
   Wellington 6011
   New Zealand

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
   Website: www.odob.health.nz

Office use

Application complete? Yes ☐ No☐

DPA qual ok? Yes ☐ No☐ (refer to Registrar)

______________________________ ____________________

Registrar signature **Date approved**