

Notice Seeking Registration under the Trans-Tasman Mutual Recognition Act – optometrists only

THIS FORM IS FOR OPTOMETRISTS WHO ARE REGISTERED TO PRACTISE WITH THE OPTOMETRY BOARD OF AUSTRALIA. Please read and complete the entire form, including the statutory declaration.

PLEASE NOTE: This form requests information that is required to be given by the applicant under the Trans-Tasman Mutual Recognition Act and other information required by the Optometrists and Dispensing Opticians Board for registration purposes. Under the Trans-Tasman Mutual Recognition Act applicants must consent to the making of inquiries of, and the exchange of information with, the authorities in Australia regarding the applicant’s activities in the practice of optometry or otherwise regarding matters relevant to the notice.

Section 1: Notification

I (full name), give notice under section 17 of the Trans-Tasman Mutual Recognition Act 1997 seeking registration within the following scope of practice (please select one):

Optometrist **Provisional Optometrist**

I confirm that:

	TRUE	FALSE
I am registered for the above selected occupation in Australia	<input type="checkbox"/>	<input type="checkbox"/>
I am not the subject of any preliminary investigations or action that might lead to disciplinary proceedings in Australia	<input type="checkbox"/>	<input type="checkbox"/>
I am not the subject of any disciplinary proceedings in Australia	<input type="checkbox"/>	<input type="checkbox"/>
My registration in the above selected occupation is not cancelled or suspended as a result of disciplinary action in Australia (or elsewhere)	<input type="checkbox"/>	<input type="checkbox"/>
I am not otherwise personally prohibited from carrying on practice in the above selected occupation in Australia (or elsewhere)	<input type="checkbox"/>	<input type="checkbox"/>
I am not subject to any special conditions in carrying on the above selected occupation in Australia (or elsewhere) as a result of criminal, civil, or disciplinary proceedings	<input type="checkbox"/>	<input type="checkbox"/>
I consent to the making of inquiries of, and the exchange of information with, the authorities of the Optometry Board of Australia (including AHPRA) regarding my activities in the practice of optometry or otherwise regarding matters relevant to this notice.	<input type="checkbox"/>	<input type="checkbox"/>
I attach to this notice the original or a certified true copy of my registration in the above selected occupation in Australia	<input type="checkbox"/>	<input type="checkbox"/>

If you tick ‘false’ to any of the above you must attach information relevant to the matter. The Board may request additional information from you or from the Optometry Board of Australia in relation to that matter.

Section 2: 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>) Postcode:	Work address if different from postal address (<i>this will be part of the public register unless you provide a written objection</i>): Postcode:	Residential address (<i>this will not be published</i>) Postcode:
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Work phone:Cell phone:Other phone:.....

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

Tick one of the following to show which ethnic group or groups you belong to. Please note that the ethnic groups used are those from the Statistics New Zealand official definition (Smith 1981). If you consider that you belong to more than one ethnic group, please tick the one with which you most strongly identify.

- | | | |
|--------------------------------------------|---------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> NZ European | <input type="checkbox"/> Other European – British and Irish | <input type="checkbox"/> Other European - Australian |
| <input type="checkbox"/> Other European | <input type="checkbox"/> NZ Maori | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Cook Island Maori | <input type="checkbox"/> Other Pacific Peoples | <input type="checkbox"/> South East Asian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Indian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> African | <input type="checkbox"/> Other (<i>please specify</i>)..... | |

Section 3: Register and Practice information

Current registration information:

Please provide details of your registration in Australia (this will be verified with the Optometry Board of Australia).

Name under which you are registered	Registration number	Registration expiry date

Qualification information:

Year and date of qualification i.e. day/month/year: _____/_____/_____

Conferring institution:.....

Qualification held:

Competence and Fitness to Practise

The Board has a statutory obligation to protect the health and safety of the public by ensuring that all optometrists practising in New Zealand are competent and fit to practise. Please complete the following section.

I confirm that:

I am **not** suffering from a physical or mental condition that affects my ability to perform the functions required for the practice of optometry

TRUE

FALSE

I have **not** been the subject of any notification, inquiry or orders relating to my health or fitness to practise optometry

I have **not** been the subject of any notification, inquiry or orders relating to my competence to practise optometry

I have met any mandatory continuing professional development obligations

I **consent** to the Board seeking information from the Optometry Board of Australia (including AHPRA) on these matters, and I authorise the Australian authorities to disclosure of such information to the Board

If you tick 'false' to any of the above you must attach information relevant to the matter. The Board may request additional information from you or from the Optometry Board of Australia in relation to that matter.

Section 4: Payment

Registration fee under Trans-Tasman Mutual Recognition: \$379.00

Please debit my *(please tick one)*

MasterCard

Visa

the sum of NZ\$

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Card number

Expiry date

Fee banked stamp:

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

Section 5: Statutory declaration

This statutory declaration must be no more than six months old at the time the completed notice 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 READ 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 in this form, and all of the information attached to this form and/or provided in support of this notice seeking registration, 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 give consent to the Optometrists and Dispensing Opticians Board making enquiries of, and exchanging information with the authorities of the Optometry Board of Australia (including AHPRA) regarding my activities in the practice of optometry or any other matters relevant to this notice.
4. I give consent to the Optometrists and Dispensing Opticians Board sharing my information (name, date of birth, ethnicity, 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.
5. 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).
6. I have read, understood, and will abide by the Board's Standards of Clinical Competence, Standards of Cultural Competence and Standards of Ethical conduct relevant to my profession (*available on the Board's website*).
7. (*If applying for registration in the scope of practice of Optometrist (therapeutic endorsement)*) 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.
8. I have read section 7 of this form and agree to abide by all obligations specified in that section.
9. I understand that the Optometrists and Dispensing Opticians Board may postpone or refuse registration if any of the statements or information in this notice is materially false or misleading; or if any document required to be provided has not been provided; or if my circumstances have materially changed since the date the notice was given; or if the Board determines that the occupation is not equivalent. I understand that the Optometrists and Dispensing Opticians Board may impose conditions on registration for the purpose of achieving equivalence or for the purpose of imposing a condition that applies to my registration in Australia.
10. I understand that section 146 of the Health Practitioners Competence Assurance Act provides that the Optometrists and Dispensing Opticians Board may cancel my registration if it is satisfied that I obtained registration by making a false or misleading representation or declaration (whether oral or written) or that I was not entitled to be registered.

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 6: Checklist for applicants

ALL APPLICANTS MUST INCLUDE THE FOLLOWING DOCUMENTATION (Tick the box as you check your documents for enclosure with this form)

- Evidence of any name change (e.g. Deed Poll, Marriage Certificate) if applicable
- Originals or certified copies of all relevant documents (originals will not be returned) (see notes below)
- Signed and witnessed statutory declaration
- Application fee (cheque/credit card details). NB The application fee is not refundable whatever the outcome of the application.

Section 7: Obligations

OBLIGATIONS OF REGISTERED PRACTITIONERS

You must hold a practising certificate in order to practise within your scope of practice

Registered optometrists who intend to practise in New Zealand must hold a current practising certificate for all or part of any year (1 April to 31 March) in which they practise. An application for a practising certificate will be sent with notification of registration. It is an offence against the Health Practitioners Competence Assurance Act 2003, and grounds for professional discipline, to practise without a current practising certificate.

You must advise the Board of any change of address

Under section 140 of the Health Practitioners Competence Assurance Act 2003, registered optometrists are required to advise the Board of any change of address (postal, residential or work) promptly. If a registered practitioner cannot be located at their registered address, the Board can instruct the Registrar to remove that practitioner's name from the Register.

You must comply with all Board standards

The Board has adopted:

- Standards of Clinical Competence
- Standards of Cultural Competence
- Standards of Ethical Conduct.

These standards can be viewed on the Board's website. All registered practitioners must abide by and meet all standards relevant to their scope of practice.

You must comply with all relevant legislation

Registered optometrists and dispensing opticians are governed by the Health Practitioners Competence Assurance Act 2003. In addition to that Act, other relevant legislation includes:

- Health and Disability Commissioner Act 1994 (and Code of Health and Disability Services Consumers' Rights)
- Privacy Act 1993
- The Health Information Privacy Code 1994
- Medicines Act 1981 (prescribing optometrists).

Section 8: Notes

Requirements for Documents

All required documents must be attached to this form, and 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'.

Please do not send this form in parts. Send one complete application with all relevant documentation attached and payment of the required fee. Incomplete forms will not be accepted and will be returned to the applicant for completion.

BOARD PROCESS FOR CONSIDERATION OF NOTICE SEEKING REGISTRATION

The Board will not process any form that is not duly completed, until it is declared completed by the Registrar. The Board will verify the statements made in this notice with the Optometrists Board of Australia, and may seek any other information that it considers is relevant to the notice and the applicant's practice of optometry in Australia.

The Board's usual timeframe for processing completed applications is 10-20 working days. In the event that there are any anomalies in the documentation provided, processing time is likely to increase. Within 1 month after receiving the completed notice the Board must either grant registration; or postpone its decision on the grant of registration; or refuse to grant registration. If the Board decides to grant registration it may impose conditions for the purpose of achieving equivalence of occupations; or for the purpose of imposing a condition that applies to the applicant in Australia; or for any other purpose relating to the implementation of the Trans-Tasman mutual recognition principle relating to occupations.

The Board may postpone its decision if any of the statements or information provided by the applicant is materially false or misleading; if any required document or information has not been provided to the Board; if the circumstances of the applicant have materially changed since the date of the notice; or the Board determines that the occupation in which registration is sought is not an equivalent occupation.

Contact

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|----|------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
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or courier to:
Level 5
22 Willeston Street
Wellington 6011
New Zealand.

Office use

Office Checklist:

Evidence of prescribed qual: Yes/No Date conferred: ____ / ____ / ____	Evidence of any name change: Yes/No/NA
Valid stat dec completed correctly: Yes/No	Fee paid and cleared: Yes/No

Application complete? Yes No

Date application declared complete: ____ / ____ / ____

Date of decision on registration: ____ / ____ / ____

Register applicant? Yes No

Registrar signature

Date

Database updated?

Yes No

Registration Spreadsheet updated?

Yes No