

## Application for Registration\*

**\* THIS FORM IS FOR PRACTITIONERS WHO HAVE NEVER PREVIOUSLY BEEN REGISTERED WITH THE BOARD, INCLUDING NEW GRADUATES.**

**PLEASE CAREFULLY READ THE NOTES IN SECTION 12 BEFORE COMPLETING THIS FORM – INCORRECT OR INCOMPLETE APPLICATIONS WILL BE RETURNED.**

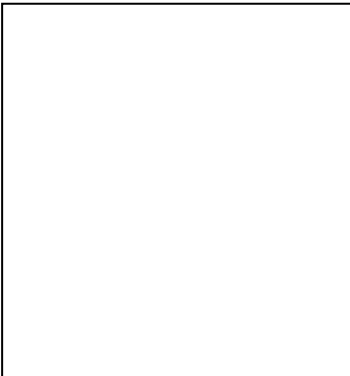
Please note: As well as being registered, practitioners must hold a practising certificate before they may practise in New Zealand. It is illegal to practise without a current practising certificate. You must complete a separate application form (APC1) for a practising certificate.

## Section 1: Scope of practice

I (full name), ..... apply to be registered within the following scope of practice:

Please tick one:

- Dispensing Optician Scope of Practice**
- Optometrist Scope of Practice**
- Provisional Optometrist Scope of Practice**



Please attach a recent (within six months) colour passport sized photograph of you, endorsed on the reverse with the words: *'This is a true likeness of (your name)'* by one of your referees. Your referee must have known you longer than 12 months.

### Provisional Optometrist Scope of Practice only.

- Provisional Optometrist applicants must provide the name of their nominated supervisor and details of their supervision arrangements. Please provide details in Section 9.
- Provisional Optometrist applicants must provide evidence confirming that they have been accepted on to a therapeutics course. Please provide details in Section 9.

## Section 2: Personal and contact details

*Please attach a certified copy of your passport, birth certificate or driver's licence, verifying your name and date of birth.*

Title (circle): Dr/Mr/Miss/Mrs/Ms

First name: .....

Middle name: .....

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this will not be published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..... (mandatory)

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 (please specify) .....       |  |

### Section 3: Fitness for Registration

1. Have you ever applied for registration with this Board (or the previous Opticians Board) before?

- Yes  No

*If yes, please provide any relevant information, including previous registration number, any previous names under which application was made, and, if your application was declined, the reason(s) for that.*

.....

2. To the best of your knowledge, do you meet the requirements of section 16 of the Health Practitioners Competence Assurance Act, in that you are fit for registration? In particular:

(a) You are able to communicate effectively for the purposes of practising within the scope of practice in which you seek registration. True  False

(b) You are able to communicate in and comprehend English to a standard sufficient to protect the health and safety of the public. True  False

(c) You have no convictions, or any criminal charges pending in any **court** in New Zealand or elsewhere of any offence against the law (other than minor traffic offences). True  False

Should you be made aware of any such convictions or criminal charges pending from the date of registration, you are required to notify the Board within 14 days of being made aware of it.

*(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) You have no mental or physical condition that may mean you are 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 you in New Zealand or in another country True  False

(f) You are 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) You are 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

## Section 4: Qualification(s)

See notes (Section 12) for information on the qualifications that the Board currently accepts for registration within each scope of practice. The Board requires **originals or certified copies** of:

- all relevant qualification certificates **or** an official transcript of your academic record, which confirms that your qualifications are conferred (optometrists)
- your qualification certificate (dispensing opticians).

A list of exam results is not sufficient evidence. If the name on your qualification certificate is different from the name you are applying under, please supply evidence of your name change (for example, a **certified copy** of your marriage certificate).

Please provide details of the qualification(s) you hold, which you believe qualify you for registration in the scope of practice for which you are applying.

Primary qualification: ..... Conferring institution: .....

Country: ..... Date of qualification: .....  
(of conferring institution)

Other qualifications: ..... Conferring institution: .....  
(e.g. a pass in an examination, postgraduate study etc)

Country..... Date of qualification: .....

## Section 5: Proficiency in English

Please tick one of the following:

English is my first language, or my relevant qualification was taught and examined in English.  
or

English is not my first language, and/or my relevant qualification was not taught and examined in English. I attach the original or certified copy of my test result from one of the following organisations:

- 1) The IELTS (International English Language Testing System): **Academic level**. Please note the Board requires the following minimum pass marks:
  - an overall score of 7.5, and
  - no less than 7 in each band.

**Or**

- 2) The OET (Occupational English Test). Please note the Board requires the following minimum pass marks:
  - a pass with A or B grades in each of the four components.

Or

3) The PET (Pearson English Test). Please note the Board requires the following minimum pass marks:

- An overall score of 70 and
- a minimum of 65 in each section.

## Section 6: Criminal history

*NB: A conviction will not necessarily preclude the granting of registration. The Board will consider any convictions on a case-by-case basis. If you have a conviction, please provide a letter about the conviction to accompany your application.*

### New Zealand applicants:

I attach a Record of Criminal Convictions from the NZ Ministry of Justice, and, if applicable, a Police Clearance Certificate, or equivalent, from every other country in which I have resided from the age of 16. The document must be an original or a certified copy.

The Board requires that every New Zealand applicant seek from the Ministry of Justice, a Record of Criminal Convictions. This lists only convictions and sentencing from court appearances and does not include Youth Court charges. An application form for your Record of Criminal Convictions can be obtained from your local District Court. Alternatively download a copy from the Ministry of Justice website: [www.courts.govt.nz/privacy](http://www.courts.govt.nz/privacy) or contact the Privacy Assistant, Ministry of Justice, PO Box 2750, Wellington (Ph 04 918 8800). NB: Do not have the record sent directly to the Board. It should be included with your application form. The Record of Criminal Convictions must be issued within six months prior to the date of your application.

### Overseas applicants:

I attach a Police Clearance Certificate, or equivalent, from every country in which I have resided from the age of 16. The document must be an original or a certified copy and must be issued within six months prior to the date of your application.

## Section 7: Registration history

*The Board requires evidence that the applicant is in good standing with any equivalent body in any other country or jurisdiction. Please supply certificates/letters of good standing (**original or certified copy** from **all** registration authorities or professional associations you have been registered with within the last 10 years (within the same profession). A letter of good standing should be recent and dated within the last six months when received by the Board, and it should state that you are of good character and reputation with no disciplinary action pending or proceeding against you. (Note: UK optometry graduates need to supply letters of good standing (**original or certified copy**) from both the General Optical Council and if a member, from the College of Optometrists).*

### Please tick one:

I have never been registered as an optometrist or dispensing optician in any other country or jurisdiction (including state registering authorities).

OR

I am currently registered, or have been registered in the last 10 years, as an optometrist or dispensing optician in the following countries or jurisdictions (including state registering authorities) and attach letters of good standing for each.

Country/jurisdiction: .....	Letter of Good Standing Attached: <input type="checkbox"/>
Country/jurisdiction: .....	Letter of Good Standing Attached: <input type="checkbox"/>
Country/jurisdiction: .....	Letter of Good Standing Attached: <input type="checkbox"/>
Country/jurisdiction: .....	Letter of Good Standing Attached: <input type="checkbox"/>
Country/jurisdiction: .....	Letter of Good Standing Attached: <input type="checkbox"/>

## Section 8: Additional documentation

- |                          |   |  |
|--------------------------|---|--|
| <input type="checkbox"/> | <b>Curriculum vitae:</b> Provide details of your relevant work experience (including practice names and your job description/role, and evidence of recency of practice). Evidence ( <b>original or certified copy</b> ) must come from all employers you have had in the past three years, including dates of employment and capacity in which you were employed.     | New Australian and New Zealand <b>optometry</b> graduates are exempt from this requirement; optical dispensing graduates must supply this information. |
| <input type="checkbox"/> | <b>Professional Reference:</b> from a <u>registered optometrist or registered dispensing optician, or recent employer in an optometry or optical dispensing business</u> , who has known the applicant for at least one year, and who is not a relative. This reference must be less than six months old at the time a complete application is received by the Board. | Use the form provided on page 6 of this application.   |
| <input type="checkbox"/> | <b>Character Reference:</b> <u>from a person who is of good standing in the community, who has no involvement in the optometric or optical dispensing profession</u> , who has known the applicant for at least one year, and who is not a relative. This reference must be less than six months old at the time a complete application is received by the Board.     | Use the form provided on page 8 of this application.   |

## Section 9: Supervision details (Provisional Optometrist applicants only)

- Please provide the Board with an overview of the nature of employment that you have obtained including name of your employer, place/s of employment, hours and access to supervision. Please provide the name of your nominated supervisor and confirm whether they will be working in the same or different practice to you.
- Please provide details of any arrangements you have agreed regarding your supervision and any other information that the Board should be aware of which has not been provided in your supporting documents.
- Please provide the Board with an email confirmation that you have been accepted on to a therapeutics course. An email from the institution confirming that your enrolment is 'subject to' confirmation of your approval of registration with the Board is acceptable.

# Professional Reference

To accompany an application for registration as an optometrist or dispensing optician, with the Optometrists and Dispensing Opticians Board.

\*from a registered optometrist or registered dispensing optician, or recent employer in an optometry or optical dispensing business, who has known the applicant for at least one year, and who is not a relative.

This reference needs to be sent directly to the Board by the referee. By mail to PO Box 9644, Wellington 6141 or by email to [Annette.McCoy@odob.health.nz](mailto:Annette.McCoy@odob.health.nz)

## **PROFESSIONAL REFEREE TO COMPLETE THIS SECTION**

I hereby certify that I have known *(applicant's name)* .....  
for ..... years.

Please **comment** on your knowledge of the applicant **AND INCLUDE** reference to the applicant's **character, reputation** and any other matters you consider relevant to the application.

**[This section must be completed fully by the referee before the Board can consider this as part of the applicant's application.]**

In what capacity do you know the applicant?.....  
.....  
.....

How would you rate the applicant's knowledge, skills and ability in a clinical context?.....  
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Please comment on the applicant's interpersonal communication skills. ....  
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What reasons relating to character, integrity, reliability and diligence, in your opinion, make the applicant suitable to be registered as an Optometrist or Dispensing Optician in New Zealand?.....

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To the best of your knowledge, are there any current or past disciplinary action or legal proceeding against the applicant? .....

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.....

Are there any other matters you think the Board should be aware of? **YES** or **NO** (if **YES** please expand on this)

.....  
.....  
.....  
.....

**I agree to supply additional information to the Board if required.**

Signed: ..... Date: .....

Name (please print in block letters):.....

Relationship to applicant: .....

Occupation/position of responsibility:.....

Address: .....

.....

Telephone number (work):..... (home): .....

Fax number: ..... Email: .....

Please note: References **will not** be disclosed to the applicant and are considered evaluative material pursuant to section 29 of the Privacy Act 1993.

# Character Reference

To accompany an application for registration as an optometrist or dispensing optician, with the Optometrists and Dispensing Opticians Board.

\*from a person who is of good standing in the community, who has no involvement in the optometric or optical dispensing profession, who has known the applicant for at least one year, and who is not a relative. The Board considers a person of good standing to be a person of good repute, who has no criminal convictions and holds a position of responsibility in a community or professional organisation.

This reference needs to be sent directly to the Board by the referee. By mail to PO Box 9644, Wellington 6141 or by email to [Annette.McCoy@odob.health.nz](mailto:Annette.McCoy@odob.health.nz)

## **CHARACTER REFEREE TO COMPLETE THIS SECTION**

I hereby certify that I have known (applicant's name) .....  
for ..... years.

Please **comment** on your knowledge of the applicant **AND INCLUDE** reference to the applicant's **character, reputation** and any other matters you consider relevant to the application.

**[This section must be completed fully by the referee before the Board can consider this as part of the applicant's application.]**

In what capacity do you know the applicant? .....  
.....  
.....

What reasons relating to character, integrity, reliability and diligence, in your opinion, make the applicant suitable to be registered as an Optometrist or Dispensing Optician in New Zealand? .....  
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Are there any other matters you think the Board should be aware of? **YES** or **NO** (if **YES** please expand on this)  
.....  
.....  
.....

**I agree to supply additional information to the Board if required.**

Signed: ..... Date: .....

Name (please print in block letters):.....

Relationship to applicant: .....

Occupation/position of responsibility:.....

Address: .....

Telephone number (work): ..... (home): .....

Fax number:..... Email:.....



## Section 10: Statutory 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/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 am fit for registration as defined under Section 16 of the Health Practitioners Competence Assurance Act 2003 (see section 3).
4. 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).
5. 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 workforce planning and development.
6. 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).
7. 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.
8. I have read section 12 of this application form and agree to abide by all obligations specified in that section.
9. I understand that section 172 of the Act provides for a fine not exceeding \$10,000 and penalties for a person who knowingly makes a false declaration or representation to the Board.

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 ..... 2020

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

## Section 11: Payment

**Option 1: For practitioners who are not new graduates from a New Zealand or Australian training institution - Registration fee: \$379.00**

Please debit my *(please tick one)*

MasterCard

Visa

the sum of NZ\$ .....

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**Card number** **Expiry date**

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

Fee banked stamp:

**Option 2: For practitioners who are new graduates from a New Zealand or Australian training institution and who have never registered in any other country or jurisdiction - Registration fee: \$265.00**

Please debit my *(please tick one)*

MasterCard

Visa

the sum of NZ\$ .....

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**Card number** **Expiry date**

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

Fee banked stamp:

## Section 12: Checklist for applicants

**APPLICANTS MUST INCLUDE THE FOLLOWING DOCUMENTATION** (Tick the box as you check your documents for enclosure with this form). ***Any original documents provided will not be returned.***

- A certified copy of your birth certificate, identification page of your passport, or driver's license
- An endorsed colour passport sized photograph attached to your application
- Evidence (original or certified copy) of any name change (e.g. Deed Poll, Marriage Certificate) if applicable
- Originals or certified copies of all relevant qualifications.
- A record (originals or certified copies) of criminal convictions (New Zealand) and/or a Police Clearance Certificate or its equivalent from any overseas jurisdiction, with an explanatory letter if applicable.
- Letter or Certificate(s) of Good Standing (originals or certified copies) dated not more than six (6) months old from all bodies with whom you have registered in the past 10 years.
- A professional reference from a registered optometrist or registered dispensing optician who has known the applicant for at least one year, and who is not a relative.
- A character reference from a person who is of good standing in the community, who has no involvement in the optometric or optical dispensing profession, who has known the applicant for at least one year, and who is not a relative.
- Full curriculum vitae. New Australian and New Zealand **optometry** graduates need not provide this.

- Signed and witnessed statutory declaration.
- Application fee (credit card details). NB: The application fee is not refundable whatever the outcome of the application.

#### **DISPENSING OPTICIAN GRADUATES MUST ALSO INCLUDE:**

- A record of training book showing evidence of the completion of a minimum of 800 hours of optical dispensing practice within two years of qualification. There is a template for this record of training book that can be downloaded from the Registration page of the Board's website.

#### **PROVISIONAL OPTOMETRIST APPLICANTS MUST ALSO INCLUDE:**

- Supervision details (for Provisional Optometrist applicants only).
- Evidence of enrolment in a Board-accredited therapeutics course.

#### **OVERSEAS APPLICANTS MUST ALSO INCLUDE:**

- Evidence of proficiency in the English language (if applicable)

#### **OPTOMETRISTS INTENDING TO PRACTISE IN AN EDUCATIONAL INSTITUTION MUST ALSO INCLUDE:**

- Evidence of a relevant employment offer from a New Zealand training institution.

## **Section 12: Notes**

All documents provided in support of this application 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'**.

### **PRESCRIBED QUALIFICATIONS**

For registration in any of the scopes of practice, the applicant must hold a qualification prescribed by the Board for registration in that scope of practice. A list of all prescribed qualifications for each scope of practice is available on the Board's website [www.odob.health.nz](http://www.odob.health.nz)

*If you do not hold one of the prescribed qualifications specified above, you are not eligible to submit this application form. If you are a dispensing optician, you may apply to have your eligibility assessed to sit the theory and practical examinations facilitated by OptiBlocks New Zealand. Please refer to the Board's website for further information on this process.*

### **OBLIGATIONS OF REGISTERED PRACTITIONERS**

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

Registered optometrists and dispensing opticians who intend to practise in New Zealand must hold a 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. Under section 7 of the Act, it is illegal to practise or to imply that you are practising if you do not hold a practising certificate

#### **You must advise the Board of any change of address**

Under section 140 of the Act, registered optometrists and dispensing opticians are required to promptly advise the Board of any change of any addresses (postal, residential or work). 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

for optometrists and dispensing opticians. 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. In addition to that Act, other relevant legislation includes:

- Oaths and Declarations Act 1957
- Health and Disability Commissioner Act 1994
- Privacy Act 1993
- Trans-Tasman Mutual Recognition Act 1997
- Medicines Act 1981 (therapeutically endorsed optometrists).

### **BOARD PROCESS**

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.

The Board timeframe guide for processing complete applications is 10-20 working days. In the event that there are any anomalies in the documentation provided, processing time is likely to increase.

Please do not send your application in parts. Send one complete application with all relevant documentation attached. Should an application be incomplete one year after the Board initially receives it, the Board will require a new registration application, updated documentation and a new fee to be supplied.

## **Contact**

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  
Fax: (64 4) 474 0709  
Email: [Annette.McCoy@odob.health.nz](mailto:Annette.McCoy@odob.health.nz)  
Website: [www.odob.health.nz](http://www.odob.health.nz)

or courier to:

Level 5  
22 Willeston Street  
Wellington 6011  
New Zealand

## Office use

### Office Checklist:

Valid ID	Yes/No	Evidence of any name change	Yes/No/NA
Evidence of prescribed qual Date conferred: _____ / _____ / _____	Yes/No	Valid convictions clearance (within 6 mths)	Yes/No
All relevant practice history	Yes/No	All relevant letters of standing	Yes/No/NA
Two valid references	Yes/No	CV	Yes/No
NZ/Aus DO grads: log book included	Yes/No	Evidence of proficiency in English	Yes/No/NA
Educator optoms: employment offer	Yes/No	All questions answered	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