

## Application for a Practising Certificate

### THIS FORM IS FOR PRACTITIONERS WHO:

- HAVE PREVIOUSLY HELD A PRACTISING CERTIFICATE ISSUED BY THE BOARD, OR
- CURRENTLY HOLD A NON-PRACTISING STATUS AND WISH TO APPLY TO PRACTISE, OR
- HAVE RECENTLY BEEN REGISTERED (OR ARE CURRENTLY APPLYING TO REGISTER) WITH THE BOARD.

**\*NZ-AUS New Graduates – there is a specific ‘APC2’ application form for you to complete to apply for a practising certificate. You will find this on the Annual Practising Certificate page of the Board’s website located at [www.odob.health.nz](http://www.odob.health.nz)**

### Instructions

Please read the supporting information in section 8 prior to completing this form. Please answer every question. Incomplete applications will be returned to the applicant.

### Please print clearly

I (full name) .....

Please tick:  **Optometrist**

**Provisional Optometrist**

**Dispensing Optician**

wish to apply for a practising certificate for the practising year 1 April 2022 to 31 March 2023.

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

## COVID-19

PRACTITIONERS WHO PROVIDE HEALTH SERVICES TO PATIENTS IN PERSON MUST BE VACCINATED AGAINST COVID-19 IN ACCORDANCE WITH THE COVID-19 PUBLIC HEALTH RESPONSE (VACCINATIONS) ORDER 2021:

I am fully vaccinated against COVID-19

**OR**

I am not fully vaccinated against COVID-19 and I understand that I cannot provide health services to patients in person unless I am fully vaccinated. I understand that if I test positive for COVID-19 I may see patients in person only for a period of 100 days after my positive test result, under the Ministry of Health’s guidelines: <https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-health-advice-public/advice-people-covid-19>

I am aware that I need to keep up to date with, and comply with, the COVID-19 public health response as it relates to my practice, including any amendments to the Vaccinations Order

## Section 1: 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Postal address (this will not be published) ..... ..... ..... ..... Postcode: .....	Work address if different from postal address (this will be part of the public register unless you provide a written objection): ..... ..... ..... ..... Postcode: .....	Residential address (this will not be published) ..... ..... ..... ..... Postcode: .....
--	---	---

Work phone: ..... Cell phone: ..... Other phone: .....

Primary email contact..... Fax: .....  
 (for important Board e-communications)

## Section 2: Continuing Professional Development

I have continued to log CPD with the Board in New Zealand:

**OR**

I have not logged any CPD in the last 12 months:

**OR**

I have not recently practised in New Zealand. I attach evidence detailing any continuing professional development I have undertaken in the last 12 months.

## Section 3: Practice History

PRACTITIONERS WHO HAVE HELD AN APC ISSUED BY THE BOARD BEFORE AND ARE RETURNING FROM OVERSEAS:

**If you have been registered in New Zealand before (or still are) the Board only requires evidence of your practice history in the three years prior to the date of this application, from places you have worked since you last practised in New Zealand, i.e. overseas practices. Please list these in the table below and attach evidence as requested.**

PRACTITIONERS WHO HAVE REMAINED REGISTERED WITH THE BOARD, HAVE NOT BEEN OVERSEAS, AND WHO CURRENTLY HOLD A NON-PRACTISING STATUS:

**You can skip this section and move on to the next section; however, please attach a brief letter to your application confirming what you have been doing since you last practised in New Zealand, i.e. parental leave, illness etc.**

NEW REGISTRANTS WHO HAVE NOT HELD A PRACTISING CERTIFICATE ISSUED BY THE BOARD BEFORE:

Please list ALL places and periods of practice (either in New Zealand or overseas) in the three years prior to the date of this application. List the most recent position first. Include any further details on a separate page if required.

\*NOTE: If you have not practised in the last three or more years, by law the Board's Registrar is unable to determine the application and must forward it to the Board for consideration. If this situation applies to you, please provide a covering letter detailing your background since you last practised the profession. Refer to the Board's *Policy on Practitioners Rejoining the Workforce* on the Board's website for information on how the Board manages such applications.

\* Evidence of employment is an original or certified copy of a reference or record of employment from the practitioner's employer and **must** state the start and end dates of employment and the position/title in which the practitioner was employed.

Period of practice	Location	Evidence* of employment in practice attached?
..... to .....	Practice name..... Address..... ..... Employer's name..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no evidence is attached, your application will be delayed or returned to you)</i>
..... to .....	Practice name..... Address..... ..... Employer's name..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no evidence is attached, your application will be delayed or returned to you)</i>
..... to .....	Practice name..... Address..... ..... Employer's name..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no evidence is attached, your application will be delayed or returned to you)</i>
..... to .....	Practice name..... Address..... ..... Employer's name..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no evidence is attached, your application will be delayed or returned to you)</i>

## Section 4: Registration History

Please list ALL registration authorities you have been registered with **outside** New Zealand within the last 3 years (if applicable) and attach a certificate of good standing from each authority (**original or certified copy**) and issued within six months prior to the date of your application. List the most recent registering body first. Use a separate sheet of paper for additional information if required.

Period of registration	Registration authority (or professional association)	Certificate of Good Standing within the past three years attached?
..... to .....	Authority name..... Country..... Registration number.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no evidence is attached, your application will be delayed or returned to you)</i>
..... to .....	Authority name..... Country..... Registration number.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no evidence is attached, your application will be delayed or returned to you)</i>

## Section 5: Police Clearance

PRACTITIONERS WHO HAVE HELD AN APC ISSUED BY THE BOARD BEFORE AND ARE RETURNING FROM OVERSEAS:

I attach evidence of Police Clearance Certificate, or equivalent (issued by the **Police Force of the country** and **NOT** a third party/agency) from all the overseas countries I have worked or resided in since I last practised in New Zealand. The evidence must be an original or certified copy and issued within six months prior to the date of your application.

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

*Please note, that should you be made aware of any convictions or criminal charges pending from the date of application for your APC, you are required to notify the Board within 14 days of being made aware of it.*

PRACTITIONERS WHO HAVE REMAINED REGISTERED WITH THE BOARD, HAVE NOT BEEN OVERSEAS, AND WHO CURRENTLY HOLD A NON-PRACTISING STATUS:

**You may skip this section and go directly to Section 6.**

NEW REGISTRANTS WHO HAVE NOT HELD A PRACTISING CERTIFICATE ISSUED BY THE BOARD BEFORE:

**You may skip this section and go directly to Section 6 as you will have recently provided this information with your registration application (if applicable).**

## Section 6: 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/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 it may require.
3. 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. The Optometrists and Dispensing Opticians Board may also use this information to determine workforce related needs within the sector.
4. 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 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). Should I be made aware of any convictions or criminal charges pending from the date of application for my APC, I will notify the Board within 14 days of being made aware of it.
6. 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.
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 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 7: Payment

**\*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): \$769.00 (incl. GST & a \$20.00 disciplinary levy)**

**Fee for dispensing opticians: \$747.00 (incl. GST & a \$37.00 disciplinary levy)**

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): \$513.00 (incl. GST & a \$13.00 disciplinary levy)**

**Fee for dispensing opticians: \$499.00 (incl. GST & a \$25.00 disciplinary levy)**

Please debit my *(please tick one)*

MasterCard

Visa the sum of NZ\$.....

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card number

Expiry date

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

## Payment option 3 (late applications to renew an expired practising certificate)

**Fee for optometrists (all scopes of practice): \$1053.50 (incl. GST & a \$64.50 disciplinary levy)**

**Fee for dispensing opticians: \$987.00 (incl. GST & a \$37 disciplinary levy)**

Please debit my *(please tick one)*

MasterCard

Visa the sum of NZ\$.....

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card number

Expiry date

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

## Section 8: Checklist for Applicants

- Evidence (original or certified copy) of previous name(s) attached if applicable
- Evidence of CPD attached
- Evidence of all employment in the relevant profession the past three years attached (originals or certified copies)
- Evidence of Certificate of Good Standing from other jurisdictions attached (originals or certified copies)
- Self declaration read, understood and signed
- Payment included

## Section 9: Information for Applicants

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.

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](mailto:Annette.McCoy@odob.health.nz)  
Website: [www.odob.health.nz](http://www.odob.health.nz)

or courier to:  
Level 5  
22 Willeston St  
Wellington 6011, New Zealand.

**For office use:**

All questions completed

Payment details completed

Completed self declaration

All evidence supplied

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

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

**Date APC issued:**

**OR**

**Date APC submitted to Authority:**