

Application for a Practising Certificate (New Graduate)*

***THIS FORM IS FOR PRACTITIONERS WHO HAVE GRADUATED IN THE LAST 12 MONTHS, AND WHO HAVE NEVER PREVIOUSLY REGISTERED OR PRACTISED IN NEW ZEALAND OR OVERSEAS**

Instructions

Please read the supporting information on page 3 prior to completing this form. Please answer every question. Incomplete applications will be returned to the applicant.

Please print clearly

I (full name) Registration no.....
apply for a practising certificate in the following scope of practice:

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

Personal and contact details

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

Middle 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 (<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this will not be published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this will not be published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)

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.

Notes

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

or courier to:

Level 5
22 Willeston Street
Wellington 6011
New Zealand.

For office use:

- | | |
|---|---|
| <input type="checkbox"/> All questions completed | <input type="checkbox"/> Completed Register Information |
| <input type="checkbox"/> Completed self declaration | <input type="checkbox"/> Completed Remittance Advice |
| <input type="checkbox"/> Payment details completed | |

Registrar signature

Date approved

Date APC issued:

OR

Date APC submitted to Authority (s 27)

Information for applicants for a practising certificate

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.

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.