Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

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registration@mcnz.org.nz
www.mcnz.org.nz

CHKL3: Passed approved examinations

Part A: Checklist for registration in New Zealand

- An application for registration in New Zealand consists of **(A) check list** and **(B) application form.**
- Both parts must be completed and sent to your employer who will complete the application and send it to the Council office.
- To find out what documents you need to have primary source verified visit this page on our website.
- If the application is approved by the Medical Council of New Zealand (the Council), you will need to provide an **original certificate of professional status** from every jurisdiction you have worked under for the previous **5 years (issued within 3 months of your employment start date in New Zealand).**
- If you satisfy all the criteria, you will be registered within a provisional general scope of practice for at least one year before being eligible to apply for a change of scope to the General scope of practice. The full requirements are listed on our website.
- Processing time for a complete application is 20 working days. There will be delays if an incomplete application is submitted. If you need help completing your application, please contact the Council office on +64 4 384 7635 or 0800 286 801 or by email to registrationenquiry@mcnz.org.nz

SECTION 1 – Confirmation of eligibility for registration

☐	Yes	☐	No	Have you passed NZREX Clinical within the last 5 years?
☐	Yes	☐	No	Have you passed Part 1 and Part 2 of the Professional and Linguistic Assessments Board (PLAB) test (administered by the General Medical Council) United Kingdom within the last 5 years?
☐	Yes	☐	No	Have you passed the Australian Medical Council (AMC) Multiple Choice Question (MCQ) and Clinical examinations within the last 5 years?

SECTION 2 – Documentation that must be provided by applicant

☐ Part A CHKL3 checklist completed

☐ Part B REG1 application form completed

☐ If relying on the PLAB option:
- copy of your PLAB 1 test results
- copy of your PLAB 2 test results

☐ If relying on the AMC option:
- copies of your AMC MCQ and Clinical examinations results

☐ Copy of identity detail page(s) from your passport

☐ Current curriculum vitae:
- provide employment information in chronological order by month and year
- explain any employment gaps of 3 months or more

☐ If you have made a competence or conduct disclosure:
- certificates of professional status (good standing) from any jurisdiction(s) where the investigation(s) or proceedings occurred (even if this was more than 5 years ago)

☐ **Before submitting your application for registration you must submit the relevant documents to EPIC for primary source verification (see this link for what documents must be verified). As you upload each document to EPIC, please ensure you select the Medical Council of New Zealand to receive a notification that the document has been submitted for verification. If you have already had your documents verified by EPIC, please make the report available to the Medical Council of New Zealand.**

EPIC ID Number: C-_____

And, if applicable, copies of:

- ☐ Evidence of name change(s) – i.e. marriage certificate, deed poll, affidavit, or statutory declaration
- ☐ Conviction notice(s)
- ☐ Relevant medical reports
- ☐ Disciplinary decisions, explanation of event(s), relevant correspondence, court documentation, certificates of good standing

SECTION 3 – Documentation that must be provided by employer

- ☐ Letter of appointment

SECTION 4 – Signature of applicant

Applicant's signature		Date	
Print name			

SECTION 6 – Signature of employer or applicant's nominated agent

- I acknowledge that all information relevant to the question of registration collected and retained by the applicant and/or the applicant's nominated agent has been disclosed to the Council.
- I further confirm that should any information that may be relevant to the question of registration come into the possession of the applicant and/or the applicant's nominated agent, such information will be disclosed to the Council as soon as practicable.
- I consent to the disclosure of relevant information to agencies outside of the Council where such disclosure may be necessary to safeguard the health and safety of the public.

Employer and/or applicant's nominated agent		Date	
Print name			