

## APPLICATION FOR REGISTRATION AS A PHARMACIST AND ISSUE OF AN ANNUAL PRACTISING CERTIFICATE TO 31 MARCH 2010

(For pharmacists who have successfully completed the EVOLVE Intern Training Programme)

In accordance with the Privacy Act 1993, the information collected on this form is confidential to the Pharmacy Council and is used for the purpose of processing an application for registration, the issue of an Annual Practising Certificate and for maintaining details on the Register under the Health Practitioners Competence Assurance Act (HPCAA) 2003. The applicant has the right of access to, and correction of, personal information held by the Pharmacy Council. Items marked with **x** are part of the Public Register under the HPCAA and will also be made available to the Ministry of Health for the purposes of maintaining the Health Practitioners Index (HPI). No individual information on this form will be divulged to any other person(s) or organisation(s) without the express permission of the applicant.

**Important: Please read the accompanying notes before completing this form.**

### 1. Name

If your name(s) and/or title have changed from the name/title held on the Register (as above) or on your qualification (see 3), please complete this section.

**x Family name:**  **x First name(s):**

**Title:** Mr/Mrs/Miss/Ms/Dr (*please circle one*) **Preferred name:**

Please tick box to show reason for change and enclose proof of name change of identity (certified copy).

marriage  deed poll  common use  other (explain)

### 2. Address(es) and Contact Details

**Please note that address and contact details will NOT be available to the public—only names and regions will be available on the Register search facility. PRINT addresses in full, clearly, and in BLOCK letters.**

**Postal address**—show any changes to your postal address as above—ensure your correct **Post Code** is included

**Postcode:**

What is your **residential address** (if different from postal address)

What is your primary **work address**? (Give name and address of pharmacy if applicable)

What are your **daytime contact details** so we can contact you if we have questions about your application?

**Phone:**  **Mobile:**

**Email:**



### 3. Qualifications for Pharmacist Scope of Practice

Please provide details of your degree:

x Name of primary qualification:  Abbreviation:   
Graduating University:  Year graduated:

Please tick the statement that applies to you:

- a) I have successfully completed a BPharm degree in New Zealand or Australia and **a copy of my degree is enclosed.**
- b) I am an overseas qualified pharmacist who was referred to further study under the old Non Reciprocal process. **Evidence of completion of further study is enclosed.**
- c) I am an overseas qualified pharmacist accepted into the EVOLVE Intern Training Programme. **No further documentation is required**

### 4. Fitness for Registration in the Pharmacist Scope of Practice

Since the date you registered as an intern pharmacist have you been:

- a) Affected by a mental or physical condition with the potential to affect your fitness to practise pharmacy?  
(please tick)  Yes  No
- b) Convicted of any offence by any Court in New Zealand or elsewhere?  
(please tick)  Yes  No
- c) The subject of an investigation, disciplinary proceeding or order in New Zealand or any other country?  
(please tick)  Yes  No

If you answered yes to any of the above, please provide full details on a separate sheet sealed in an envelope marked "Confidential to the Registrar". Include (if applicable) details of existing conditions on your registration/employment.

### 5. Annual Practising Certificate to 31 March 2010

Do you intend to practise as a pharmacist and reside in New Zealand during the period from your application date to 31 March 2010?

(please tick)  Yes  No

### 6. Details to Appear on Your Pharmacist Registration Certificate

Your full name will be printed on your pharmacist registration certificate, along with the date that you transferred to the Pharmacist Scope of Practice. Please indicate the place in **New Zealand** that you wish to appear on your certificate. This may be your place of birth or your home town.

Place name:





## 8. CHECKLIST

Please use the checklist below to make sure you have completed all sections of the application form and enclosed all the documents and fees required. Incomplete applications will not be processed.

**PLEASE NOTE: THE FOLLOWING MUST BE RECEIVED BY THE COUNCIL BEFORE YOU ATTEND THE ASSESSMENT CENTRE.**

- Application form with all sections completed
- Proof of change of identity (if required)
- Copy of Pharmacy Degree (for NZ and Australian graduates)/evidence of completion of further study (overseas applicants only)
- Conviction notice(s), details of professional conduct issues (if required)
- Relevant medical reports (if required)
- Payment

**This application and supporting documentation must be received in hard copy—faxed or emailed applications will not be accepted.**

**Return completed form with payment to:**

**Postal address:** Pharmacy Council of New Zealand  
PO Box 25137  
Wellington 6146

**Address for courier:** Pharmacy Council of New Zealand  
Level 2, 40 Johnston Street  
Wellington 6011

**Telephone:** 04 495 0330  
**Email:** [enquiries@pharmacycouncil.org.nz](mailto:enquiries@pharmacycouncil.org.nz)  
**Website:** [www.pharmacycouncil.org.nz](http://www.pharmacycouncil.org.nz)



## ACCOMPANYING NOTES

### APPLICATION FOR REGISTRATION AS A PHARMACIST AND ISSUE OF AN ANNUAL PRACTISING CERTIFICATE TO 31 MARCH 2010

(For pharmacists who have successfully completed the EVOLVE Intern Training Programme)

**The Health Practitioners Competence Assurance Act (HPCAA) 2003 requires pharmacists to be both registered and hold an Annual Practising Certificate (APC) to practise pharmacy in New Zealand. Practising without being registered and holding an APC is an offence.**

**Please read the following notes as they contain important information.**

- All pharmacists registered and practising in the Scope of Practice of a pharmacist in New Zealand must have a current APC
- If your application is approved and you are registered, items marked with **x** will appear on a public register. These items will also be made available to the New Zealand Ministry of Health under a data provision agreement for the purposes of the Health practitioners Index (HPI)
- The Pharmacist Register is a public document. It shows your name, primary qualification details, registered scope of practice, any conditions on your scope and your practising certificate details. The region of your registered postal address will be shown on the public register, however other details of this address will not be available to the public. The register is available on line at [www.pharmacycouncil.org.nz](http://www.pharmacycouncil.org.nz)
- Please complete ALL sections of the application form and ensure documentation and payment for fees are attached.

If your name(s) differ from those on your primary pharmacy qualification or the certified copy of your proof of citizenship/ immigration status (e.g. birth certificate), please enclose evidence of your name change (e.g. a certified copy of a marriage certificate).

#### **Certified Copies:**

A certified copy is a photocopy of the original that has been certified as a true copy. Only an official with legal power such as a Justice of the Peace, Solicitor or NZ Court Registrar can certify a copy as being a true copy.

The official should endorse the copy “certified true copy of original sighted” and use his/her official seal. For a list of Justices of the Peace in your local area, refer to the Yellow Pages.

## 2. Address(es) and Contact Details

As an intern pharmacist your work address was used as your postal address. As a pharmacist you can decide if your postal address is your residential address or your work address. Please provide your current postal address and residential address (if different from your postal address) and your new work address.

**If your addresses change you must notify the Pharmacy Council—email: [enquiries@pharmacycouncil.org.nz](mailto:enquiries@pharmacycouncil.org.nz)**

Please note that addresses and other contact details will NOT be available to the public—only names and regions will be available on the register search facility.

### 3. Qualifications for Pharmacist Scope of Practice

Under Section 138, 1 (b) of the Health Practitioners Competence Assurance Act (HPCAA) 2003 the Register for Pharmacists must include a record of the primary pharmacy qualifications of a practitioner.

#### **New Zealand and Australian Graduates**

Please enclose a copy of your New Zealand or Australian pharmacy degree

#### **Overseas Qualified Pharmacists**

If you are an overseas qualified pharmacist you will have passed the APEC Stage 1 examination. If you applied for registration through the Non Reciprocal process before 1 March 2007, you will have had your qualifications assessed as equivalent to a New Zealand Bachelor of Pharmacy degree or been referred to a NZ University for further study. If you were referred to further study, please enclose evidence of successful completion of this.

### 4. Fitness for Registration

This section asks for information about your fitness to practise **since you registered as an intern**.

#### a) **Mental and Physical Conditions**

You are required to disclose any mental or physical condition that may affect your fitness to practise. Your consent to contact your treating practitioner is also required. Please provide details of the illness, duration of treatment and name and contact details of treating medical practitioner for any condition that may affect your fitness to practise. Conditions of a temporary nature that do not impact on your ability to practise do not need to be declared. If you are unsure, please contact us. Disclosure of any mental and physical conditions should be written on a separate sheet and placed in a sealed envelope addressed "Confidential to the Registrar" and enclosed with this application form. Please note that this information will be kept confidential and will only be accessed by the Registrar and/or other limited authorised personnel.

#### b) **Convictions**

Section 16(c) of the HPCAA provides that no applicant for registration may be registered as a health practitioner of a health profession if he or she has been convicted by any Court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer, and he or she does not satisfy the responsible authority that, having regard to all the circumstances, including the time that has elapsed since the conviction, the offence does not reflect adversely on his or her fitness to practise as a health practitioner of that profession. The Criminal Records (Clean Slate) Act 2004 applies from 29 November 2004. Under the Act you are not required to disclose any convictions or offences that occurred 7 or more years ago where no re-offending has occurred, and/or any conviction that was not a specified offence and did not result in imprisonment or corrective training.

If you are not eligible under the Criminal Records (Clean Slate) Act as set out above and if you have been convicted of an offence in any court in New Zealand or other jurisdiction **since you registered as an intern**, please provide a copy of your conviction history. You can obtain the form to request your information from your local District Court or you may ask for the form to be sent to you by writing to The Privacy Assistant, Ministry of Justice, National Office, PO Box 2750, Wellington.

If you have been convicted of any traffic offences, please provide a copy of your traffic offence history as held by the Land Transport Safety Authority. Please contact The Privacy Officer, Land Transport Safety Authority, Transport Registry Office, Private Bag, Palmerston North.

#### c) **Professional conduct**

You must provide details of any pending investigations and/or professional disciplinary proceedings taken against you.

### 5. Annual Practising Certificate (APC) to 31 March 2010

To be eligible to hold an APC, you must be practising in New Zealand.



## 6. Details to Appear on your Pharmacist Registration Certificate

Your registration certificate will be mailed to your postal address. Please indicate the place **in New Zealand** that you wish to appear on your pharmacist registration certificate. This may be your place of birth or your home town.

## 7. Declaration of Applicant

Please read the declaration, sign and date your application. This must be signed by the pharmacist applying for registration and issue of an APC.

From time to time the Pharmacy Council receives requests from the Schools of Pharmacy for names and addresses of pharmacists for research purposes. This assists the profession with the setting up of new services, workforce issues, etc. Please indicate if you agree to your name and postal address being made available for research purposes.

## 8. Payment of Fees and Tax Invoice

You may pay by New Zealand bank account cheque, Visa or MasterCard. Cheques should be made payable to the Pharmacy Council of New Zealand. A receipt will be issued as part of your APC.

All fees include GST.

### PLEASE SELECT THE APPROPRIATE FEES:

#### Interns applying for registration as a pharmacist mid year:

Application for registration as a pharmacist (change of scope)	\$27.50
APC to 31 March	\$495.00
<b>Total</b>	<b>\$522.50</b>

#### Interns applying for registration as a pharmacist end year:

Application for registration as a pharmacist (change of scope)	\$27.50
APC to 31 March	\$150.00
<b>Total</b>	<b>\$177.50</b>

#### Return completed application form with payment to:

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PO Box 25137  
Wellington 6146

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Wellington 6011

**Telephone:** 04 495 0330  
**Email:** [enquiries@pharmacycouncil.org.nz](mailto:enquiries@pharmacycouncil.org.nz)  
**Website:** [www.pharmacycouncil.org.nz](http://www.pharmacycouncil.org.nz)



