

**OFFICE USE ONLY:**

Graduate applicant

Non-REQR applicant

Registration No:

## APPLICATION FOR REGISTRATION AS AN INTERN AND ISSUE OF AN ANNUAL PRACTISING CERTIFICATE

(For New Zealand/Australian graduates & Non-REQR pharmacists commencing 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

Show given names as they appear on your passport or birth certificate:

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

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

Please tick box and enclose a certified copy of proof.

marriage  deed poll  common use  other (explain)

### 2. Addresses and Contact Details

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

Please provide the address and contact details of the pharmacy where you are undertaking your internship and where your preceptor is based. For the period of your internship this will be your postal address.

Name and postal address of pharmacy:

Name of Preceptor:  Registration No:

What are your daytime contact details so we may contact you in relation to your application

Phone:  Mobile:

Email address:

What is your residential address?

Do you consent to your pharmacy address, preceptor and daytime contact details being made available to the Pharmaceutical Society of NZ (Inc) for the purposes of conducting the EVOLVE Intern Training Programme?

(please tick)  Yes  No

Do you consent to your pharmacy address being made available to the Schools of Pharmacy for the purposes of conducting research?

(please tick)  Yes  No

### 3. Identification

Birth place (town/country on your birth certificate or passport):

Birth date (day/month/year):

Ethnicity (refer to notes page 2):

Sex: (please tick)  Male  Female

### 4. Pathway to Registration

Please tick the statement that applies to you:

I have completed a Bachelor of Pharmacy Degree from the University of Auckland, University of Otago or a pharmacy degree from an approved university in Australia

OR

I am seeking registration as a pharmacist in New Zealand through the Non-Recognised Equivalent Qualifications Route (Non-REQR).

### 5. Immigration Status

Are you a New Zealand or Australian citizen?

(please tick)  Yes  No

If yes, please enclose a **certified copy** of your birth certificate, details page in passport or citizenship certificate.

If you are **NOT** a New Zealand or Australian citizen, please indicate your present immigration status in New Zealand and enclose a **certified copy of proof**:

(please tick)  Resident  Visitor (work visa)

### 6. Qualifications for Intern Scope of Practice

Please provide details of your degree/primary qualification for registration as follows:

**New Zealand & Australian Graduates:**

x Name of degree (e.g. BPharm):

x Graduating University:  x Year qualified:

**Overseas Pharmacists (IMPORTANT— refer to notes on page 2)**

x Name of primary qualification:

x Graduating University:  x Year qualified:

### 7. Annual Practising Certificate

What date do you intend to start practising as an Intern Pharmacist? (**IMPORTANT—refer to notes on page 2**)





## 11. Statutory Declaration of Applicant

I  (full name)  (occupation)  
of  (city of residence)

Solemnly and sincerely declare that:

The information I have given is, to the best of my knowledge, true and correct and that I am the person referred to in the documents which accompany this declaration.

I understand that the information I have provided is to be used by the Pharmacy Council for the purposes of considering my application.

I understand that the Pharmacy Council is authorised to obtain further information from me or any person or organisation, including the EVOLVE Intern Training Programme, concerning this application under the Health Practitioners Competence Assurance Act (HPCAA) 2003 and consent to the collection of such information by the Council.

I understand that although the provision of information by me is voluntary, if I refuse to provide any information this may affect the Pharmacy Council's consideration of my application.

I will accept the decision of the Pharmacy Council as to my eligibility to practise in New Zealand if a preceptor, other health professional or member of the public finds that I am not communicating effectively in English, according to the requirements of Section 16(a) and (b) of the HPCAA.

I understand that under the HPCAA, my registration may be cancelled if I make a false or misleading representation or declaration (whether oral or written) or I was not entitled to be registered.

I make this solemn declaration conscientiously believing the same to be true by virtue of the Oaths and Declarations Act 1957.

Applicant's signature:

Declared at:  on this:  day of:  Year:

In the presence of:

Title:  Signature:

Justice of the Peace, Solicitor or NZ Court Registrar:

## CHECKLIST

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

- Application form with all sections completed
- Proof of change of name (if required)
- Certified copy of immigration status in New Zealand
- Medical reports, conviction notice(s), details of professional conduct issues (if required)
- Two certified passport type photographs
- Payment

**APPLICATIONS FROM NEW ZEALAND AND AUSTRALIAN GRADUATES MUST BE RECEIVED BY 18 DECEMBER 2009.**

**Faxed or emailed applications will not be accepted. Return completed application 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 0333 **Fax:** 04 495 0331 **Email:** d.priest@pharmacycouncil.org.nz **Website:** www.pharmacycouncil.org.nz



## ACCOMPANYING NOTES

### APPLICATION FOR REGISTRATION AS AN INTERN AND ISSUE OF AN ANNUAL PRACTISING CERTIFICATE

(For New Zealand/Australian graduates & Non-REQR pharmacists commencing 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 in the scope of practice of an Intern in New Zealand must have a current APC.
- If your application is approved and you are registered, items marked with **x** will appear on the Register of Pharmacists. These items will also be made available to the New Zealand Ministry of Health under a data provision agreement for the purposes of maintaining the Health Practitioners Index (HPI).
- The Register of Pharmacists is available to the public. It shows your name, region, primary qualification details, scope of practice, any conditions on your scope and your practising certificate dates. The Register is available online at [www.pharmacycouncil.org.nz](http://www.pharmacycouncil.org.nz).
- Please complete **ALL** sections of the application form and ensure documentation and fees are attached before sending this application to the Pharmacy Council.

## 1. Name

If your name is different from that on your birth certificate, please enclose a certified copy of proof of name change (e.g. marriage certificate).

A **certified copy** is a photocopy of the original that has been certified as a true copy. A Justice of the Peace, Solicitor or New Zealand Court Registrar may certify a copy.

The certifier should endorse the copy "Certified true copy of original" and use his/her official seal. For a list of Justices of the Peace in your area, refer to the Yellow Pages.

## 2. Addresses and Contact Details

Please provide the name and postal address of the pharmacy where you will be undertaking your internship and the name of your preceptor. If you are undertaking your internship in two sites, record the main site only.

**Please note** that addresses and other contact details will **NOT** be shown on the Register of Pharmacists—only names and regions will be available.

If either your work or residential address changes, you will need to notify the Registrations Officer at the Pharmacy Council.

From time to time the Council receives requests from the Schools of Pharmacy for names and addresses of pharmacists and/or interns for their research purposes. This assists the profession in areas such as setting new services, workforce issues etc. Please indicate if you agree to your name and address being made available for research purposes.



### 3. Identification

Select the ethnicity you identify most with from the list below:

New Zealand European/Pakeha	Niuean	Indian
New Zealand Māori	Tokelauan	Other Asian
Other European	Fijian	Middle Eastern
Samoan	Other Pacific Island Groups	Latin American/Hispanic
Cook Island Māori	South East Asian	African (or cultural group of African origin)
Tongan	Chinese	Other

### 4. Pathway to Registration

Please indicate whether you are applying for registration as a New Zealand/Australian graduate or as an overseas qualified pharmacist through the Non-Recognised Equivalent Qualifications Route (Non-REQR).

### 5. Immigration Status

You will need to provide evidence (certified copy) of your New Zealand or Australian citizenship or your immigration status in New Zealand. See Section 1 of these notes for information on certified copies.

### 6. Qualifications for Intern Scope of Practice

Under Section 138, 1 (b) of the HPCAA, the Register of Pharmacists must include a record of the primary pharmacy qualification.

#### Australian Graduates

Australian graduates must arrange for their university to send confirmation of their degree **DIRECTLY** to the Pharmacy Council of New Zealand.

#### Overseas Pharmacists

If you applied for registration before 1 March 2007 and you were required to complete further study, please ensure that the University has forwarded confirmation of completion directly to the Pharmacy Council.

### 7. Annual Practising Certificate

The HPCAA requires you to hold an Annual Practising Certificate (APC) to practise as an Intern Pharmacist. Please note that while your APC is being processed you can work as a Pharmacy Graduate.

New Zealand and Australian graduates must commence their internship **BEFORE 1 FEBRUARY 2010**. **The earliest date the Council will issue an APC for New Zealand/Australian graduates is 14 DECEMBER 2009.**

Overseas qualified pharmacists can commence their internship at any time in **MAY** or **DECEMBER**. However, as the EVOLVE Intern Training Programme is intensive, the Pharmacy Council strongly recommends that you start your internship at the beginning of the month.



## 8. Fitness for Registration in the Intern Scope of Practice

### a) English Language Declaration for New Zealand and Australian Graduates

Section 16 (a) of the HPCAA states that you may not be registered as a health practitioner unless you satisfy the responsible authority you are able to communicate effectively for the purpose of practising within the scope of practice in which you seek registration. To satisfy the Pharmacy Council of your ability to meet the requirements of Section 16 (a) of the HPCAA, the Council has set the following criteria.

New Zealand and Australian graduates applying for registration in the scope of practice of an intern pharmacist must be able to communicate effectively in English for the purposes of practising within the workplace. Graduates are required to sign the statement in the application form agreeing that if a preceptor, other healthcare professional or member of the public finds they are not communicating in English to an acceptable standard, the intern pharmacist will accept the decision of the Pharmacy Council of New Zealand as to whether they remain eligible to practise as a pharmacist in New Zealand.

Overseas qualified pharmacists have already met the English language requirements at Step 1 of the application process.

### b) Mental/physical conditions, convictions and investigations

1) You are required to disclose any mental or physical condition and provide details of the illness, duration of treatment, name and contact details of treating practitioner for any condition that may affect your fitness to practise pharmacy. 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.

2) 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 offence that occurred seven or more years ago where no re-offending has occurred, and/or any conviction or offence 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, 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 6140.

3) You must provide details of any professional disciplinary proceedings taken against you in any country. This includes proceedings by any employer, health registration authority, consumer protection authority, professional organisation and educational institution.

## 9. Certified Passport Photographs

**Please provide two recent (taken within the last 12 months) passport type photographs bearing on the back:**

- The statement “certified true likeness of (full name of applicant)”
- Signature of certifier and date
- Certificate must be by the same person who witnesses your statutory declaration.

**Attach the photographs to the application in the space provided.**



## 10. Payment of Fees and Tax Invoice

### Section 10 of this Application Form is your 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.

Application for Registration as an Intern Pharmacist	\$202.50
Annual Practising Certificate as an Intern Pharmacist	\$365.00
<b>Total</b>	<b>\$567.50</b>

## 11. Statutory Declaration of Applicant

If you have no current occupation, your occupation will be **Pharmacy Graduate**.

**This declaration must be signed in New Zealand** in the presence of a Justice of the Peace, Solicitor or New Zealand Court Registrar.

