



Podiatrists Board of New Zealand

Te Poari Tiaki Waewae O Aotearoa

REGISTRATION FORM

For practitioners seeking to be registered within a scope of practice under the Health Practitioners Competence Assurance Act 2003

Application to register within a scope of practice

The following information is requested to complete the Board's database.

Please note: **All documents requested must be originals or certified copies of originals.** A certified copy is a photocopy signed by a Judge, Commissioner of Oaths, Justice of the Peace, solicitor of New Zealand, notary public, Commonwealth representative, or officer authorised to take statutory declarations in that country stating: **['this is certified as a true copy']**.

This form together with the required documentation must be **POSTED** to the Board.

NEW APPLICATION [*NZ trained applicants – Complete all sections except section 5*]
[*Overseas trained applicants – Complete all sections*]

APPLICATION FOR ADDITIONAL SCOPE / S [Complete sections 1-5 and 11-12]

You must be registered with the Podiatrists Board and hold a current practising certificate before you can lawfully practise as a podiatrist in New Zealand. A separate application form for a practising certificate must be completed and the required fee paid.

1. PERSONAL AND CONTACT DETAILS

Given/First/Names:	Title: Dr/Mr/Mrs/Ms/Miss/Other		First Name	
	Other Names			
Family Name/ Surname:				
Date of Birth:	DD/MM/YY	Gender:	Male	Female
Work Address:				
Residential Address:				
Postal Address:				
Email Address:	Main		Secondary	
	Work	Home	Cell	
Phone:				
Fax:				

Please note that the authority has determined that it will not publish any addresses in the Register.

OFFICE USE

Date application received:

Date received by Registrar:

Fee banked stamp:

Date application approved:

Signed:

2. PREVIOUS REGISTRATION

Have you ever applied for registration with the Podiatrists Board of New Zealand before?

Yes No

If Yes:

Previous names you have used:

Registration Number:

80-00

Existing scope(s) of practice held:

(see below)

3. ORIGIN

Place of Origin:

Ethnicity:

(This data will help the Board monitor podiatry workforce trends)

- NZ European Other European
 Maori Chinese
 Pacific Island Indian
 South East Asian Other:

Please specify

Please attach a certified copy of your birth certificate or passport photo page.

4. SCOPE OF PRACTICE

Please indicate (tick) the scope of practice applied for:

Podiatrist

A registered primary health care practitioner (including those previously registered as a chiropodist) who utilises medical, physical, palliative and surgical means other than those prescribed in the Podiatric Surgeon Scope of Practice, to provide diagnostic, preventative and rehabilitative treatment of conditions affecting the feet and lower limbs.

Qualification

A Bachelor of Health Science in Podiatry from an accredited New Zealand University or a National Diploma in Podiatry or Chiropody from the Central Institute of Technology or equivalent overseas qualification as determined by the Podiatrists Board.

Podiatric Surgeon

A registered primary health care practitioner who holds the scope of practice of podiatrist and is further qualified to perform foot surgery by way of sharp toe nail wedge resection; surgical correction of lesser digital deformities affecting the phalanges, metatarsals and associated structures; surgical corrections of deformities affecting the first toe, first metatarsal and associated structures; surgical correction of osseous deformities of the metatarsus, mid-tarsus, rearfoot and associated structures; surgical correction and removal of pathological subcutaneous structures such as tendinous and nervous tissues and other connective soft tissue masses of the foot. **(The Podiatrists Board does not approve of any Podiatric Surgeon performing any procedure beyond their competence, training and qualifications).**

Qualification

A Post Graduate qualification in Podiatric Surgery as determined by the Podiatrists Board or equivalent overseas qualification.

Podiatric Radiographic Imager

A registered primary health care practitioner who holds the scope of practice of podiatrist, who is qualified to use radiological equipment, and is licensed by the National Radiation Laboratory, to obtain plain radiographic images of the foot, ankle and lower leg.

Qualification

As part of the New Zealand undergraduate Bachelor of Health Science in Podiatry or satisfactory completion of an accredited post graduate training course in podiatric radiography.

4. SCOPE OF PRACTICE / continued **Visiting Podiatrist Educator/Presenter**

A visiting registered podiatrist who qualifies for the scope of practice of Podiatrist, and when appropriate for their speciality area of education, also qualifies for an additional scope of practice of Podiatric Surgeon and/or Podiatric Radiographic Imager as determined by the Podiatrists Board, who is presenting short-term educational/ instructional programmes requiring demonstrations or practices, of a clinical or practical nature.

Qualification

Qualifications as to the individual educator speciality areas as recognised by the Podiatrists Board.

Contact the Registrar for applications in this scope.

Qualification/s held to support application for registration in scope/s of practice applied for:

Please attach a certified copy of your qualification(s)

Please note the Board reserves the right in some cases to also request a copy of the course transcript.

(i) Qualification

[Empty box for Qualification]	
Granting Institution	
Country	Graduation Date

(ii) Qualification

[Empty box for Qualification]	
Granting Institution	
Country	Graduation Date

(iii) Qualification

[Empty box for Qualification]	
Granting Institution	
Country	Graduation Date

5. ASSESSMENT OF OVERSEAS QUALIFIED APPLICANTS

Please ensure you read the Board's Candidate Guide – Qualification and Skills Assessment for Registration in NZ (available on the Board's website [<https://podiatristsboard.org.nz/registration/overseas-qualification/>]) **BEFORE** applying for registration.

- (i) On receipt of your application for registration, the Board will provide the applicant with a Desktop Assessment to complete. If this is approved the applicant will then be required to sit a cultural competence Open Book Examination.
- (ii) The Australian and New Zealand Accreditation Council (ANZPAC) previously assessed qualifications and skills of overseas trained applicants on behalf of the Board.

If you have an ANZPAC Assessment of Podiatry Qualifications and skills equivalency approval letter dated no more than 3 years since 30 June 2019, please attach this with your application. If this is provided you will not be required to undertake the Desktop Assessment or the Open Book Examination.

6. CURRICULUM VITAE

Please attach your CV. Please provide details of your work experience since qualification, and evidence of recency of practice if applicable. Provide practice names and an indication of your job description.

Have you practiced as a registered podiatrist during the past 3 years?

Yes No

If so, please provide name/s and address/es of employer/s or name of own business.

Name:

Address:

Email:

Brief job description:

Name:

Address:

Email:

Brief job description:

7. COMPETENCE TO PRACTICE

REFERENCES:

Please provide the Board with two character references by asking two people to complete the attached Certificate of Good Character forms:

- Referees are to be persons of good standing in the community who have known the applicant for at least one year, who are **NOT** relatives and who are **NOT** employed by or contracted for any purpose by the applicant.

These references need to be less than 6 months old at the time that a complete application is received by the Board

Names of your referees:

Referee One:

Referee Two:

To assist the Board, referees should comment to the best of their knowledge on:

- The applicant's character, i.e. is the applicant an honest and trustworthy person.
- Whether the applicant is a suitable person for registration, i.e. do you believe that the applicant is competent to be registered as a podiatrist. (Referees may not always be able to comment on this).
- The fitness of the applicant; the law specifies a number of fitness criteria:
 - able to communicate effectively for the purposes of practising;
 - able to communicate in and comprehend English sufficiently to protect the health and safety of the public;
 - not been convicted of an offence punishable by imprisonment for a term of 3 months or longer;
 - not have a mental or physical condition that precludes them from functioning as a safe podiatrist;
 - not subject of, under investigation or subject to an order relating to professional disciplinary proceedings.



Certificate of Good Character

Applicants are required to supply:

- Two Certificates of Good Character from people of good standing in the community who have known the applicant for over one year
- If this Certificate of Good Character is completed by your AUT student placement supervisor this one year requirement is not applicable
- The person completing this Certificate must NOT be a relative of the applicant nor be employed by or contracted for any purpose by the applicant.

Referee to complete form below:

I hereby certify that I have known

(enter applicant's name)

for

(enter number of years)

Has this applicant any criminal convictions?

Yes

No

Please comment on your knowledge of the applicant **AND INCLUDE** reference to the applicant's character, reputation and any other matters you consider relevant to their application for registration as a podiatrist:

I agree to supply additional information if required by the Board.

Signed:

Date:

Name:

Relationship to applicant:

Occupation/
Position of Responsibility:

Address:

Telephone Number:

Work

Home

Fax Number/Email:

Fax number

Email

Certificate of Good Character

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for

(enter applicant's name)

(enter number of years)

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Yes

No

Please comment on your knowledge of the applicant **AND INCLUDE** reference to the applicant's character, reputation and any other matters you consider relevant to their application for registration as a podiatrist:

I agree to supply additional information if required by the Board.

Signed:

Date:

Name:

Relationship to applicant:

Occupation/
Position of Responsibility:

Address:

Telephone Number:

Work

Home

Fax Number/Email:

Fax number

Email

8. ENGLISH LANGUAGE REQUIREMENTS

All applicants for whom English is their second language, are required by the Board to provide an original or certified copy of their

- International English Language Testing System (IELTS) academic certificate. (*The overall score must be at least 7.5 [and no less than 7 in each band]*).

Or

- Occupational English Test (OET) certificate (*Grades A and B*).

Is English your second language?

Yes No

If no, please go to section 9

If yes, please attach your original or certified copy of the original of your International English Language Testing System (IELTS) academic certificate. Contact the Registrar with any queries.

9. CRIMINAL CONVICTION RECORD

The Board requires that every applicant seek from the Ministry of Justice, a **Record of Criminal Convictions** or overseas equivalent. This lists only convictions and sentencing from court appearances and does not include Youth Court charges. An application form for your Record of Criminal Convictions can be obtained from your local District Court. Alternatively download a copy from the Ministry of Justice website: www.justice.govt.nz/criminal-records/get-your-own/ or contact The Privacy Assistant, Ministry of Justice, PO Box 10088, Justice Centre, 19 Aitken Street, Wellington, Telephone 04 9188 800.

NB: Do not have the record sent to the Board directly. You should see it before sending it to the Board.

NB: A conviction will not necessarily preclude the granting of registration. Any convictions will be considered by the Board on a case-by-case basis.

If you have a conviction, you should consider sending a letter about the conviction to the Board to accompany the record.

10. LETTERS OF GOOD STANDING

Please supply letters of good standing from all Registration Authorities or professional associations you have been registered with within the last 5 years if applicable. A letter of good standing should be recent and dated within the last 6 months when received by the Board, and it should state that you are of good character and reputation with no disciplinary action pending or proceeding against you.

IMPORTANT NOTE TO ALL APPLICANTS

The Authority may, if it thinks fit, receive any information from, or question the applicant, or any other person, in respect of an application being considered by the Authority: for the purposes of any such questioning, the Authority may administer an oath to any person. Before the Authority questions any other person about the applicant, the Authority must advise the applicant about the identity of the persons to be questioned and the nature of the questions.

The Authority will not process applications, until they are complete.

The Health Practitioners Competence Assurance Act 2003 states under part 2 section 19 (1) that an Authority must consider a duly completed application as soon as reasonably practicable after receiving it.

The Authority timeframe guide for processing applications from the date they are received fully completed is 6 weeks for overseas applications and 4 weeks for New Zealand applications.

11. STATUTORY DECLARATION

The Health Practitioners Competence Assurance Act 2003 states under part 2 Section 16 that no applicant for registration may be registered as a health practitioner of a health profession unless-

- He or she is able to communicate effectively for the purposes of practising within the scope of practice they are seeking to be registered in
- He or she is able to satisfy the Authority that they are able to communicate in and comprehend English sufficiently to protect the health and safety of the public
- He or she has not been convicted in NZ or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer and that the circumstances and time elapsed since the conviction do not adversely affect the person's fitness to practice
- He or she does not have a mental or physical condition that precludes them functioning as a safe practitioner
- He or she is not the subject of professional disciplinary proceedings or under investigation or under an order of a professional disciplinary tribunal in respect of professional disciplinary proceedings in New Zealand or another country, and the Authority does not believe that the proceedings reflect adversely on the practitioner's ability to practice.

HAVING READ ALL OF THE ABOVE PLEASE CONSIDER THE DECLARATION BELOW CAREFULLY, BEFORE YOU SIGN

[This statutory declaration needs to be less than 6 months old at the time that a complete application is received by the Board]

STATUTORY DECLARATION

To be declared before a Judge, Commissioner of Oaths, Justice of the Peace, solicitor of New Zealand, notary public, Commonwealth representative, or officer authorised to take statutory declarations in that country.

[Applicants outside New Zealand need to specify the law under which this declaration is made]

I _____ (enter full name) of _____

_____ (address where you live),

_____ (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 Podiatrists Board with any such further information as it may require.
3. I am fit for registration as defined under part 2, section 16 of the Health Practitioners Competence Assurance Act 2003 *[see details above]*.
4. I do not have a physical or mental condition that precludes me from functioning as a safe and competent practitioner.
5. I **do not** have a notifiable condition. **Yes** **No** **Please tick one box.** *(If you do, please provide details in a separate letter.)*
6. I do not have any information that could cause the Podiatrists Board not to be satisfied that I am a fit and competent person to be registered and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

SIGNED BY:

Signature:

(Signature of Applicant)

IN THE PRESENCE OF:

Name:

(Full official name of witness)

Signature:

(Of official witness)

Signature, any identifying stamp and contact details of Justice of the Peace, solicitor, or other person authorised to take a statutory declaration.

Address (of witness):

Occupation (of witness):

Authority to take declaration:

(For example, JP or solicitor)

Declared at: _____ this _____ day of _____ 202__

Check Lists

*Any photocopied documents **must** be certified (notarised) as a true copy of the original by a solicitor, Justice of the Peace, notary public or other person authorised to take a statutory declaration.

DOCUMENTS TO BE PROVIDED BY NEW ZEALAND AND OVERSEAS TRAINED APPLICANTS FOR REGISTRATION APPLICATION

- Registration fee of \$NZ 378.00 (NZ Applicants). \$NZ 817.00 (Overseas Applicants).
- Completed and signed "Application for Registration within a Scope of Practice" form.
- Certified* copy of your podiatry qualification document (*degree/diploma/certificate*).
At the time you apply you may not be able to supply a certified copy of your degree certificate. If so, please supply the Board with a letter or certificate from the Auckland University of Technology setting out your final year examination results and stating that you have completed the degree.
- Curriculum Vitae.
- Certificate of Good Standing from your current or last registration authority.
(*Will only apply if you have gained registration and worked overseas before applying for registration in New Zealand*)
The certificate, or letter of verification of status, should be dated within the last six months, and confirm your registration status and that you are of good character with no disciplinary action taken against you nor any complaints outstanding.
- Two Certificates of Good Character.
References must be from persons **other than** a close relative or partner who have known you for over 12 months, and who are not employed by or contracted for any purpose by you. References are to be recent and dated within the last six months when received. Your referees must use the enclosed forms entitled "Certificate of Good Character".
- Certified* copy of your Birth Certificate or certified copy of passport (photo page).
- Certified* copy of a Record of Criminal Convictions police check.
- Certified* copy of your IELTS results (*if applicable*).
- ANZPAC Assessment of Podiatry Qualifications and Skills letter (*Overseas trained applicants only*).
If dated no more than 3 years since 30 June 2019.

DOCUMENTS TO BE PROVIDED BY ADDITIONAL SCOPE OF PRACTICE APPLICANTS

- Registration fee of \$NZ 235.00.
- Completed and signed "Application for Registration within a Scope of Practice" form.
- Certified copy of your podiatry qualification in the scope of practice applied for and ANZPAC Assessment of Podiatry Qualifications and Skills letter if applicable.
- Curriculum Vitae.

Notes: Podiatry Course of Training:

To assist the Board to assess an applicant's podiatry training, the Board may request that an applicant supply the Board with: a complete official academic syllabus and a complete official academic transcript.

CORRESPONDENCE

All correspondence should be addressed to:

The Registrar
Podiatrists Board of New Zealand
PO Box 9644, Wellington 6141
or
Level 5, 22 Willeston Street,
Wellington 6011
NEW ZEALAND

Telephone: +64 4 474 0706
Fax: +64 4 918 4746
Email: registrar@podiatristsboard.org.nz
Website: http://www.podiatristsboard.org.nz

It is recommended that the application form and required documentation be couriered, to enable a tracking number.

REGISTRATION APPLICATION FEES (NZ\$)

(Board GST No 73-081-173)

Application for registration (New Zealand trained) \$378.00

Application for registration (overseas trained) \$817.00

Application for each further scope of practice \$235.00

Please note that the Board does not issue invoices for the registration fee.

NB: These fees are not refundable regardless of outcome.

REMEMBER TO KEEP COPIES OF YOUR APPLICATION FORM AND ALL ACCOMPANYING DOCUMENTS

12. PAYMENT

Podiatrists Board GST No. 73-081-173

Credit Card: Please debit my *(tick one)* Visa MasterCard

Card Number

Expiry Date Amount (NZ\$)

Cardholder's Name

Cardholder's Signature

OR

Enclosed is my cheque / bank draft for NZ\$ made payable to the "Podiatrists Board".

Note: The Board only accepts payment in NZ currency.

OFFICE USE ONLY

Amount Paid \$ _____ Payment for: Registration (NZ qualification/ Overseas qualification/ re-registration)

Payment Method: M'card Visa Approval No: _____ Signed: _____ Date: _____

Cheque Clearance Date: _____ Entered in Database Entered in Accounts