

Return to the Registrar, Podiatrists Board, PO Box 9644, Wellington 6141, NZ

APPLICATION FOR ANNUAL PRACTISING CERTIFICATE (APC) 2019/ 2020

Please note:

- the late fee will be incurred for APC renewal applications received after 1 April 2019 (if an APC was held for 2018/19)
- if it is over 3 years since an APC was held please refer to the Return to Practice policy and contact the Registrar

APPLICATION FOR ANNUAL PRACTISING CERTIFICATE (APC) Registration No. 80 – _____

I, _____ declare that:

- (a) I believe to the best of my knowledge that I am competent to practise in accordance with my scope/s of practice, and that I have no mental or physical conditions that may compromise that competence; and therefore
- (b) I want to make an application for an APC to practise within the Scope/s of Practice of: *(tick applicable box/es)*
- Podiatrist**
- Podiatric Surgeon** - attach required documentation: **ALS** (if not provided last year), **AWC**,
2 case studies (template on website) & **practice/clinical audit evidence** (if not provided in previous 3 years)
- Podiatric Radiographic Imager** - attach copy of current licence from Office of Radiation Safety

for the period 1 April 2019 to 31 March 2020;

The Board definition of “practice” is as follows:

“Practice means any role, whether remunerated or not in which the individual has skills and knowledge as a health practitioner in their profession for the purpose of the registration standard”.

There is also a requirement of recency of practice within each scope applied for.

The Board definition of “recency of practice” is as follows:

“Recency of practice means that a practitioner has maintained recent practice in the profession since qualifying or obtaining registration”.

- (c) **I am / am not** (~~**please cross one out**~~), as at the date of this application practising in the scope of practice of **Podiatry**;
- (d) **I am / am not** (~~**please cross one out**~~), as at the date of this application practising in the scope of practice of **Podiatric Surgery**;
- (e) **I am / am not** (~~**please cross one out**~~), as at the date of this application practising in the scope of practice of **Podiatric Radiographic Imagery**;
- (f) I have read the Podiatrists Board CPD Recertification Policy Framework and understand the continuing competence requirements expected of me by the Board;
- (g) I will be participating in the Board’s CPD programme and log my CPD hours online, which will be subject to random audit when required by the Board;
- (h) I have not been convicted of any offence punishable by imprisonment for a term of 3 months or longer since my date of registration (s16(c)HPCAA) Please provide further information to the Registrar if you are unable to sign (h) as correct;

Optional Questions- Disclaimer

The information provided by the Podiatrists Board Workforce Survey will help the Ministry of Health understand health workforce trends and make evidence-based policy decisions that help ensure the health workforce is sustainable and fit for purpose in the future. The Ministry of Health considers the privacy of personal information as a key priority and responsibility, and will not publish personal information in a form that could reasonably be expected to identify individuals, as required under the Privacy Act 1993.

- (i) If you have answered "I am" to c, d or e, please provide the approximate number of weeks practised and the average number of hours per week practised in the last APC year:

Podiatry: _____ weeks for _____ average hours per week

Podiatric Surgery: _____ weeks for _____ average hours per week

Podiatric Radiographic Imagery: _____ weeks for _____ average hours per week

- (j) **Are you currently a**

full time employee part time employee self- employed business owner/ director lecturer

Other:.....

- (k) **Main workplace setting**

private practice DHB - hospital private hospital/ rest home university

Other:..... and

Second main workplace setting

private practice DHB - hospital private hospital/ rest home university

Other:.....

- (l) **Work type/s in main employment setting & average hours per week for each type**

<input type="checkbox"/> general podiatry	hours_____	<input type="checkbox"/> diabetes podiatry	hours_____
<input type="checkbox"/> diabetes podiatry	hours_____	<input type="checkbox"/> sports medicine	hours_____
<input type="checkbox"/> surgery	hours_____	<input type="checkbox"/> teaching	hours_____
<input type="checkbox"/> technical representative	hours_____	<input type="checkbox"/> management	hours_____

Other:..... hours_____

- (m) **Name of main work place**

- (n) **Closest DHB (geographic area) to main place of employment**

- (o) **In what other countries have you been registered to practice podiatry**.....

- (p) **Postgraduate qualifications:**

post grad certificate post grad diploma doctorate currently enrolled in post grad studies
 Masters Bachelors Honours Nil

- (q) **I am a member of Podiatry NZ** (Yes / No) Please cross one out

- (r) **If no for above question, do you currently have professional indemnity insurance?** (Yes / No)

(s) **Are you a member of any other podiatry related professional group?**

- NZ Society for Study of Diabetes (Podiatrists Special Interest Group) NZ Wound Care Society
- Australasian Podiatry Council The Society of Chiropradists & Podiatrists PMPCPD Network
- British Chiropody & Podiatry Assoc Nil Other:.....

(t) **Peer support & supervision:** Please indicate in which option/s you are currently participating:

- Formal supervision (clinical/cultural) Formal clinical peer reviews Podiatry student placements (last 12 months)
- Regular podiatry based meetings (branch/regional/national)
- Nil Other:.....

(u) **Do you intend to continue to practice podiatry in New Zealand for**

- less than 5 years over 5 years but less than 10 years over 10 years unsure

(v) **Origin / Ethnicity**

Place of origin:

Ethnicity: *Please tick all relevant box/es*

- NZ European Maori Pasifika Chinese Korean Indian
- Other European South East Asian
- Other:.....

PLEASE SIGN YOUR APPLICATION FORM HERE

Signature

Date

Please note all sections are to be correctly and honestly completed and failure to do so may lead to a Professional Conduct Committee (PCC) case.

REGISTER INFORMATION

Please update any changes that have not already been notified to the Board. Addresses and phone numbers are not part of the public register.

Full Name: _____

Reg No: 80- _____

New residential address		
New postal address		
Work address	Work address must be provided for your name to show on the online public Register for a search under region	
New email address		
New work phone number <i>(include area code)</i>	New home phone number <i>(include area code)</i>	New cell phone number

ANNUAL PRACTISING CERTIFICATE FEES:

AMOUNT DUE: *Please tick appropriate box for fee you are paying.*

NB: All Annual Practising Certificate fees include a Disciplinary Levy

2019/2020 ANNUAL PRACTISING CERTIFICATE FEES:

\$

- | | |
|---|---------------------------|
| <input type="checkbox"/> Podiatrist | Total due 992.00 |
| <input type="checkbox"/> Podiatrist /Podiatric Surgeon | Total due 1,167.00 |
| <input type="checkbox"/> Podiatrist/ Podiatric Surgeon/Podiatric Radiographic Imagery | Total due 1,187.00 |
| <input type="checkbox"/> Podiatrist- if not previously registered (valid 1 December - 31 March of following year) | Total due 247.75 |
| <input type="checkbox"/> Podiatrist- Return to Practice and overseas qualified applicants (valid 1 Jan - 31 March of the same year) | Total due 495.50 |

IF RENEWING AN APC AFTER 31 MARCH 2019 (and held an APC for 2018/ 2019)

- | | |
|---|---------------------------|
| <input type="checkbox"/> Podiatrist | Total due 1,095.00 |
| <input type="checkbox"/> Podiatrist/ Podiatric Surgeon | Total due 1,270.00 |
| <input type="checkbox"/> Podiatrist/ Podiatric Surgeon/Podiatric Radiographic Imagery | Total due 1,290.00 |

Name: _____

Registration No: **80-0** _____

Please tick one box and fill in the sum you are paying

- Please debit my **MasterCard** or **VISA** the sum of \$.....
- | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Expiry Date: |
| Card Number | | | | | | | | | | (month) | | (year) |

Cardholder Name: **Signature:**

Or

- I enclose my **cheque** for \$.....made payable to the Podiatrists Board.

OFFICE USE ONLY

Amount Paid \$_____ Payment for: APC (including Disciplinary Levy) Year: **2019/2020**

Payment Method: Chq Clearance Date: _____ Entered in Database Entered in Accounts

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

Podiatrists Board of New Zealand

INFORMATION FOR PRACTITIONERS APPLYING FOR OR RENEWING AN ANNUAL PRACTISING CERTIFICATE (APC)

It is each individual Registered Health Practitioner's personal responsibility to ensure that they hold a current Practising Certificate.

Annual Practising Certificate Applications and Payments must be received by the Board at least two weeks before you intend to commence practice or your current APC expiry date.

The purpose of the **Health Practitioners Competence Assurance Act 2003** (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.

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.

You are applying for an Annual Practising Certificate (APC) under the HPCA Act 2003 which includes a disciplinary levy of \$175.00 or portion thereof.

A scope (or scopes) of practice title and any conditions will be endorsed on your APC.

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 s/he 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 3 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 3 years immediately preceding the date of application, lawfully practised the profession to which the application relates.

PLEASE KEEP YOUR CPD HOURS UP TO DATE AND LOGGED ONLINE REGULARLY FOR ANY FUTURE CPD AUDITS.

Payment may be made using the following credit cards: VISA or MasterCard, or by cheque

- **Credit Card Payment:** ensure your card number and expiry date are completed on your original remittance advice and that your card number is legible. Return the original remittance advice and original completed APC application.
- **Cheque Payment:** send your cheque (made payable to the Board) together with your original remittance advice and original completed application form.
- **Direct credit:** is only available by arrangement with the Registrar if you do **not** have a cheque account or credit card.

IF NOT RENEWING YOUR APC ONLINE

To ensure you receive your APC before 1 April, the start of the APC year, the application form and any attachments as well as the payment must be received by 18 March 2019.

IF YOU RENEW YOUR ANNUAL PRACTISING CERTIFICATE AFTER 31 MARCH 2019 and you held an APC the preceding year **THE AMOUNT DUE IS \$1,095** (with a higher fee if further scopes are held, please refer to the fees form on the Board website).

Please Note:

- postdated cheques will not be accepted.
- the application fee is non-refundable.

Changes to Register Information

Please notify the Board of any change in postal, residential, work and email addresses and phone numbers.

Please notify the Board of any name changes. You must send the Board a certified copy or statutory declaration as evidence of your name change (a Justice of the Peace, Solicitor or Notary Public is authorised to certify these documents).