

## Application for Annual Practising Certificate (APC) 2025/2026

Return to: [registrar@podiatristsboard.org.nz](mailto:registrar@podiatristsboard.org.nz) or Registrar, Podiatrists Board, PO Box 9644, Wellington 6141, NZ

Please note:

- the late fee will be incurred for APC renewal applications received after 1 April 2025 (if an APC was held for 2024/25)
- 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 boxes)*
- Podiatrist** - attach BLS Certificate (including anaphylaxis)
- 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)
- for the period 1 April 2025 to 31 March 2026;**
- 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 select one*), as at the date of this application practising in the scope of practice of **Podiatrist & hold a current APC.**
- (d) I am / am not (*please select one*), as at the date of this application practising in the scope of practice of **Podiatric Surgeon & hold a current APC.**
- (e) I have read the Podiatrists Board CPD Recertification Framework Policy and understand the continuing competence requirements expected of me by the Board. 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.
- (f) I have read & will comply with the Podiatrists Board Principles & Standards for the Practice of Podiatry in Aotearoa New Zealand (PSPPANZ) & Ethical Codes & Standards of Conduct.
- (g) 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 (g) as correct.

**Workforce 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 will not publish personal information in a form that could reasonably be expected to identify individuals, as required under the Privacy Act 2020.

(h) If you have answered "I am" to c or d, 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

(i) **Are you currently a**

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

Other:.....

(j) **Main workplace setting**

private practice     Te Whatu Ora | HNZ/DHB - hospital     private hospital/rest home     university

Other:..... and

**Second main workplace setting**

private practice     Te Whatu Ora | HNZ/DHB - hospital     private hospital/rest home     university

Other:.....

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

<input type="checkbox"/> general podiatry	hours _____	<input type="checkbox"/> paediatrics	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 rep.	hours _____	<input type="checkbox"/> management	hours _____
<input type="checkbox"/> research	hours _____	<input type="checkbox"/> orthotics laboratory	hours _____

Other:..... hours \_\_\_\_\_

(l) **Name of main work place** .....

(m) **Closest Te Whatu Ora | HNZ - DHB region (geographic area) to main place of employment**.....

(n) **In what other countries have you been registered to practise podiatry**.....

(o) **Postgraduate qualifications:**

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

(p) **I am a member of Podiatry NZ** (Yes / No) Please select one

(q) **If no for above question, do you currently have professional indemnity insurance?** (Yes / No) or (N/A)

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

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

(s) **Do you intend to continue to practice podiatry in Aotearoa New Zealand for:**

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

(t) **Origin / Ethnicity**

Place of origin: .....

Ethnicity: *Please tick all relevant box/es*

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

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**Please sign your APC 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)**

**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-** \_\_\_\_\_

<b>New residential address</b>		
<b>New postal address</b>		
<b>Work address</b>	Work address must be provided for your name to show on the online public Register for a search under region1	
<b>New email address</b>		
<b>New work phone number</b> <i>(include area code)</i>	<b>New home phone number</b> <i>(include area code)</i>	<b>New mobile phone number</b>
<b>Please attach your current Basic Life Support Certificate (including anaphylaxis)</b>		

# 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

## 2025/2026 Annual Practising Certificate Fees: \$

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

## Renewing an APC after 31 March 2025 (if held an APC for 2024/2025)

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

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date: ...../.....
Card Number	(month) (year)

Cardholder Name: ..... Signature: .....

**OFFICE USE ONLY**

Amount Paid \$\_\_\_\_\_ Payment for: APC (including Disciplinary Levy) Year: **2025/2026**

Payment Method:

Mastercard     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.**

**If you are not applying online, 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.

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.**

- **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.
- **Direct credit:** is only available by arrangement with the Registrar if you do **not** have a 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 **28 March 2025**.

**If you renew your Annual Practising Certificate after 31 March 2025 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:**

- 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).