



Application for an Annual Practising Certificate (APC) New NZ Graduates

Application made to the Registrar of the Dietitians Board for an Annual Practising Certificate (Section 26(1) of the Health Practitioners Competence Assurance Act 2003) for new NZ Graduates.

Note: It is illegal to practise without holding a current Annual Practising Certificate if you are a registered dietitian.

Please read the supporting information prior to completing this form

(Please Tick One)

- University of **Otago** Master of Dietetics
- Massey** University Master of Science Nutrition & Dietetics
- University of **Auckland** Master of Health Science Nutrition & Dietetics

PLEASE PRINT CLEARLY

Full name _____ Registration No 20-0 _____

An Annual Practising Certificate may be granted by the Dietitians Board when a Dietitian is registered. The Registrar will determine whether an Annual Practising Certificate (APC) is appropriate.

My current **Residential** address is:

My current **Postal** address is, if different from residential:

My current **Work** address/expected start date:

Home telephone number:

Work telephone number:

Mobile number:

Ethnicity:

Main email address:

DECLARATION

I am / am not (please strike out one), as at the date of this application, practising as a dietitian

(Please note: The Health Practitioners Competence Assurance Act 2003, Section 7 (2) (b) specifically requires that it is illegal to practise, unless the health practitioner is currently holding a current practising certificate).

1) I have been offered a position practising dietetics. (Please Circle)

 Y N

If Yes, Please give details of the position held, employer, start date.

My supervisor will be (If known): _____

2) I believe to the best of my knowledge that I am competent and fit to practise dietetics and that there are no mental or physical conditions I am aware of that may compromise that competence (Please Circle)

 Y N

If No, Please give details:

3) I will be participating in the Dietitian Board's Continuing Competence Programme (Please Circle)

 Y N

Please note that participation is compulsory and if your answer is No, your application will automatically be referred to the board for their consideration.

I declare that the information included in this application form is true and correct.
(Please Circle)

 Y N

APPLICANT'S SIGNATURE:.....DATE:.....

PAYMENT DETAILS

I have paid by **Internet Banking**

(Bank Account for payment **03-0502-0254-940-000** please reference your registration number and surname)

CREDIT CARD: (tick one)

Visa

Mastercard

Card Number

Expiry Date: Month/Year _____/_____

Amount (NZ\$) _____

Cardholder's Name _____ Signature: _____

Supporting Information for Applicants for an Annual Practising Certificate

You are applying for an Annual Practising Certificate under the [Health Practitioners Competence Assurance Act 2003](#) (HPCA Act).

The [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.

Please spend time reading about your obligations, particularly related to participating in the Board's Continuing Competency Programme. Details of this, and other useful links, including the Health Practitioners Competence Assurance Act, are on the Board's website (www.dietitiansboard.org.nz).

The Scope of Practice and any practice conditions will be endorsed on your Annual Practising Certificate (APC).

There are grounds set out in the Act under [section 27](#) (1) which the Registrar must submit an application to the authority for its consideration. They are as follows:

- The applicant has, at any time, failed to maintain the required standard of competence; or
- The applicant has failed to fulfil, or has failed to comply with, a condition included in the applicant's scope of practice; or
- The applicant has not satisfactorily completed the requirements of any competence programme that he or she has been ordered by the authority to complete; or
- 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
- The applicant is unable to perform the functions required for the applicant's profession because of some mental or physical condition; or
- The applicant has not, within the 3 years immediately preceding the date of application, lawfully practised the profession to which the application relates

The Registrar may decline to issue a practising certificate until any outstanding fines, expenses, or costs are paid.

You will be treated as a holder of an Annual Practising Certificate under HPCA Act [section 26](#) (1) from the date when the authority receives the application, including payment, until the date it is issued or you are notified that it will not be issued.