

# Clinical Physiologists Registration Board

## INITIAL APPLICATION FOR REGISTRATION

### PERSONAL & WORK DETAILS

Please check and complete all sections of this form using pen and legible English. Please refer to the Registration guidelines with any initial queries ([www.sct.org.nz](http://www.sct.org.nz)) prior to contacting the CPRB secretary. All sections of the form must be fully completed in order for your application to be processed. A copy of your CV should also be included in your application. You are also required to complete an annual practicing certificate (APC) form if you are currently working in a technical capacity.

Provisional registration comes with an automatic 3 year APC; you do **not** need to complete an APC at this stage but for each subsequent year an APC form will need to be completed. There will be no associated cost with this.

#### Personal Details

Title (Dr, Mr, Mrs, Ms, Miss)	
First Name	
Surname	
Previous Name (if applicable)	

#### Work Details

Institute Name and Dept.	
Address	
Phone / Fax	
Email	

### Registration Status

Applying for registration Status: \_\_\_\_\_

See page 6 of the registration guidelines (scopes of practice). If you are applying for provisional scope of practice please complete page 4 of this form.

Are you employed in a training position? (circle)      Yes / No

Specify training course being undertaken: \_\_\_\_\_

Request Consideration under Grandfathering Clause (tick): \_\_\_\_\_

NB: Grandfathering only applies to people employed prior to January 2006 (please refer to guidelines).

For Office Use Only:	Date Application Received: _____
Accepted for registration : Yes / No / Pending	_____
Comment: _____	Confirmation Application Received Sent: <input type="checkbox"/>
Registration Status: _____	
Payment Received: _____	
Date : _____	Signature: _____

## Membership of Professional Body (ANZSRS, ASTA, SCT)

(Please provide proof of membership)

1.	
2.	
3.	

## Academic and Professional Qualifications

Please indicate any qualifications you are currently enrolled in:

Qualification Name	
Educational Institute	
Module / Paper Names	
Enrolment Date	
Expected End Date	

Please indicate any academic and professional qualifications you have obtained since your last registration application and attach a **certified** copy of your certificates of qualifications (please note academic transcripts are not sufficient).

Qualification Name	
Educational Institute	
Grade (if relevant)	
Year Achieved	

Qualification Name	
Educational Institute	
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Year Achieved	

Qualification Name	
Educational Institute	
Grade (if relevant)	
Year Achieved	

Please attach or add any other information you wish to draw to the attention of the registration board (i.e. if you are intending to enrol in a qualification in the near future).

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## Relevant Work Experience

Please provide details of all present and past technical / medical jobs of relevance to your registration. \*If you changed your hours of work during your employment please provide the duration of each part and full time period

Position Title	
Employer and City	
Hours per week*	
Start Date	
Finish Date	
Duties Performed	

Position Title	
Employer and City	
Hours per week*	
Start Date	
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Position Title	
Employer and City	
Hours per week*	
Start Date	
Finish Date	
Duties Performed	

## Practical Training Received

**Complete this section if you are applying for registration at a provisional level.**

If you are applying for provisional registration at the start of the year you will need to provide a letter as proof of acceptance into the Post Graduate Certificate/Diploma in Medical Technology by Otago University.

If applying for provisional registration part way through the year you will need to provide a letter from your clinical supervisor stating your intention to enrol in the Post Graduate Certificate/Diploma in Medical Technology by Otago University in the following year

### Training Programme 1.

Start and End Date of Training Programme (or of training in specific techniques)	
Training delivered / supervised by: (Name, Designation or Department)	
Hospital / Department	
Procedures Covered in Training	
Method of Competency Assessment	
Outcome of Assessment	

### Training Programme 2.

Start and End Date of Training Programme (or of training in specific techniques)	
Training delivered / supervised by: (Name, Designation or Department)	
Hospital / Department	
Procedures Covered in Training	
Method of Competency Assessment	
Outcome of Assessment	

### Clinical Supervisors Declaration

I declare that the information provided for \_\_\_\_\_ (applicant's name) with regard to qualifications and enrolment in **Otago MTec, CCP or CPM** (please circle appropriate courses), is correct to the best of my knowledge.

Clinical supervisors name (printed)	
Clinical supervisors signature	
Supervisors position	
Date	

## Declaration

I consent to the Clinical Physiologists Registration Board obtaining confidential verbal or written information about my professional experience and current role for the purpose of assessing my registration and APC eligibility. I understand that my registration status will be published in the CPRB register and made known to my clinical supervisor.

I declare that the information I have supplied in this application (and other supporting information provided) is true and correct to the best of my knowledge. I accept that false declaration or failure to disclose relevant information could result in my removal from the register.

I declare that I have no mental or physical conditions I am aware of that may compromise my competence and therefore compromise the safety of patients. (Section 16 HPCA Act)

APPLICANTS NAME (PRINTED):

APPLICANTS SIGNATURE:

DATE:

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## Payment

### Current Fees:

<input type="checkbox"/>	Provisional	\$ 100
<input type="checkbox"/>	Full Registration	\$ 150

Payment by:

**Cheque**  
(payable to the CPRB)

### Internet Banking

Account Number: 38-9006-0514863-000  
Account Name: Clinical Physiologists Registration Board  
Reference: Registration # (If Registered)  
Name (If not Registered)

### SEND YOUR COMPLETED FORM AND FEE TO:

Secretary  
Clinical Physiologists Registration Board  
c/- Cardiac Physiology, Level 3  
Auckland City Hospital  
Private Bag 92024  
Auckland

### APPLICATION ENQUIRIES & FURTHER INFORMATION:

Telephone: (64 9) 630 9929  
Facsimile: (64 9) 630 9877  
Email: fionar@adhb.govt.nz  
Web Site: www.sct.org.nz

## Checklists for Registration and APC Applications

<b>Annual Practicing Certificate Application Form</b>		
<b>Check the following are correctly completed prior to sending your forms.</b>	<b>Your check</b>	<b>CPRB check</b>
Previously registered with CPRB <b>or</b> Initial / Upgrade registration application also completed		
Personal details and registration status correctly completed		
Current work experience completed		
Qualifications obtained since last APC application completed		
<b>Certified</b> copies of all qualifications are attached		
Cardiac procedures completed		
Respiratory procedures completed		
Sleep procedures completed		
Clinical supervisors declaration signed for each procedures page		
Declaration signed by applicant		
APC fee enclosed		

<b>Initial and Upgrade of Registration</b>		
<b>Check the following are correctly completed prior to sending your forms and attach this checklist to your application.</b>	<b>Your check</b>	<b>CPRB check</b>
Annual practicing certificate form also completed <i>(if applicable)</i>		
Personal details and registration status correctly completed		
Relevant membership with a professional body attained or simultaneously applied for		
Current and previous qualifications section completed correctly		
Proof of acceptance into the Post Graduate Certificate/Diploma in Medical Technology by Otago University attached <i>(if relevant)</i>		
<b>Certified</b> copies of all qualifications are attached		
Current CV attached (Initial registration only)		
Relevant work experience - current and previous employment details correctly completed		
Practical Training section correctly completed <i>(if relevant)</i>		
Declaration signed by applicant		
Registration fee enclosed		