

# Clinical Physiologists Registration Board

## UPGRADE OF REGISTRATION STATUS APPLICATION FORM

Please check and complete all sections of this form using pen and legible English. Please refer to the Registration guidelines with any initial queries prior to contacting the CPRB secretary.

### Personal Details

First names		Surname	
Preferred name		Maiden name	
Title		Date of birth	
Work address		Home address	
Department			
Hospital			
Address			
City		City	
Telephone		Telephone	
Fax		Fax	
Email		Email	
Specify preferred correspondence address		Work address	

**Please ensure you notify the CPRB of any change of address.**

### Registration Status

Registration number	
Current registration status	
Upgrade request	

### Qualifications & Certification

Please indicate the professional or academic qualifications and certification programmes you have successfully completed since your previous registration application and attach a **certified** copy of these certificates with your application form.

Qualification achieved, educational institute & completion date	
Certification programme & completion date	

### Membership of Professional Societies (please list current memberships and provide proof of membership)

1	
2	
3	

<b>For official use only</b>	Date received	
Accepted for upgrade (Yes / No)	Pending	
Payment received by	Amount paid	
New registration status		
Assessed by (Board members signature)		
Date APC processed		

<b>Work Experience</b>			
Please provide details of your relevant past and present employment positions including the duration of each part/full time position. <b>A copy of your curriculum vitae and a letter from your clinical supervisor supporting your upgrade should be attached to your application.</b>			
Position title		Department	
Employer			
Start date		Hrs/wk or FTE	
Finish date			
Duties performed			

Position title		Department	
Employer			
Start date		Hrs/wk or FTE	
Finish date			
Duties performed			

Position title		Department	
Employer			
Start date		Hrs/wk or FTE	
Finish date			
Duties performed			

<b>Declaration</b>	
<p>I wish to apply for an upgrade of my registration status and 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 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.</p> <p>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.</p>	
Applicants name (printed)	
Applicants signature	
Date	

<b>Payment</b>	
Amount due \$150	Internet banking Account Number: 38-9006-0514863-000
Payment method	Account Name: Clinical Physiologists Registration Board Reference: Surname / Registration number
	Cheque (made out to CPRB)

Please send your completed form and payment to:	
Clinical Physiologists Registration Board c/- Cardiac Physiology, Level 3 Auckland City Hospital Private Bag 92024, Auckland, NZ	Telephone: +64 9 630 9929 Facsimile: +64 9 630 9877 Email: fionar@adhb.govt.nz Website: 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		