

Phone 09 425 1190

Or 0800 425 007

Fax 09 425 0115

ceo@rodneysurgicalcentre.co.nz

77 Morrison Drive

P O Box 317

Warkworth 0941

[www.rodneysurgicalcentre.co.nz](http://www.rodneysurgicalcentre.co.nz)

APPLICATION TO PRACTICE AT RSC FOR PERMANENT

CREDENTIALED STATUS AND SCOPE OF PRACTICE – *can be filled out online. If Employment and Education are included in your C.V. you do not need to enter them here. If you don’t have a C.V. please make sure you fill the application on in full.*

PART A – CREDETIALED STATUS

|  |
| --- |
| APPLICANT’S DETAILS: |
| Title: | Home Phone: |
| Name: | Mobile Phone: |
| Home Address: | Work Phone: |
| Work Address: | Email: |
| Work Email: |

|  |
| --- |
| EMPOLYMENT AND OTHER WORK HISTORY: |
| Employer / Other work: |
| Role: |
| Duration: |
| Fulltime/Part-time (if part-time state hours/FTE worked): |

|  |
| --- |
| Employer / Other work: |
| Role: |
| Duration: |
| Fulltime/Part-time (if part-time state hours/FTE worked): |

|  |
| --- |
| Employer / Other work: |
| Role: |
| Duration: |
| Fulltime/Part-time (if part-time state hours/FTE worked): |

PROFESSIONAL QUALIFICATIONS AND OTHER:

|  |
| --- |
| Medical Council Registration Number: |
| Ministry of Health Practitioner Index Number: |
| Professional Qualifications/Memberships: |

EDUCATION:

|  |  |  |
| --- | --- | --- |
| Post Graduate Qualifications: | Dates Qualifications Received: | University / Institution Attended: |
|  |  |  |

DOCUMENTATION REQUIRED:

Complete Curriculum vitae – if including full employment/work history and education qualifications there is no need to repeat the information above.

Copy of current Annual Practicing Certificate.

Copy of current Professional College/Professional Association membership plus any endorsements or accreditation for the provision of specific clinical services, procedures or interventions.

Evidence of current CPD program.

Copy of professional indemnity insurance cover.

PROFESSIONAL REFEREES – IN CONFIDENCE:

|  |
| --- |
| Referee (name with Title): |
| Position: |
| Address: |
| Phone:Mobile Phone: | Email:Work email: |

|  |
| --- |
| Referee (name with Title): |
| Position: |
| Address: |
| Phone:Mobile Phone: | Email:Work email: |

|  |
| --- |
| Referee (name with Title): |
| Position: |
| Address: |
| Phone:Mobile Phone: | Email:Work email: |

PART B – SCOPE OF PRACTICE

|  |
| --- |
| 1. CURRENT SCOPE OF PRACTICE

MEDICAL COUNCIL OF NEW ZEALAND SCOPE OF PRACTICE: (Yes or No) |
| General: | Provision General: |
| Vocational: | Provision Vocational\*: |
| Special Purpose: | \*please state vocational specialty |

OTHER:

|  |
| --- |
| Please list any scopes of practice you work within at any facilities where the scope of practice is different from the Medical Council of NZ scope of practice noted above: |

1. SCOPE OF PRACTICE

Please specify the types of clinical services, procedures or interventions you wish to perform at RSC and your recent experience in relation to each.

|  |  |
| --- | --- |
| Clinical Services/ Procedures / Interventions: | Volumes of Clinical Services/ Procedures / Interventions performed over the last year: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| OTHER INFORMATION: Please include any further information that may support your application. |
|  |

PLEASE INDICATE WHERE YOU HAVE BEEN THE SUBJECT OF ANY OF THE FOLLOWING: (please X where relevant) *This includes in NZ and Internationally.*

PART C – PRIOR OR OUTSTANDING MATTERS

|  |  |
| --- | --- |
|  | Any allegation or complaint relating to your clinical competence, alleged malpractice, adverse event investigation of Health and Disability Commissioner investigation; |
|  | Any investigation into your competence or clinical practice by any employer or hospital where you practice or have practiced; |
|  | Any disciplinary charge that you are facing, or an adverse finding in any disciplinary action; |
|  | Suspension from clinical practice at any institution or the restriction of an ability to practice in any way at an institution; |
|  | Any mental or physical condition or substance abuse problem with the potential to affect your fitness to practice; |
|  | Any inquiry undertaken by any applicable responsible authority (including the MCNZ) into any matter including but not limited to the initiation of a competence review; |
|  | Whether by agreement or otherwise, any change to your MCNZ prescribed scope of practice, including but not limited to the imposition of any conditions or restrictions |
|  | Whether by agreement or otherwise, any changes to your scope of practice prescribed at any other hospital or place where you do or have practiced; |
|  | You have been charged with or convicted of a criminal offence? |

IF YOU HAVE BEEN SUBJECT OF ANY OF THE ABOVE PLEASE PROVIDE DETAILS OF THE MATTER AND ANYTHING ELSE YOU BELIEVE RELEVANT TO YOUR APPLICATION:

|  |
| --- |
|  |



Phone 09 425 1190

Or 0800 425 007

Fax 09 425 0115

administration@rodneysurgicalcentre.co.nz

77 Morrison Drive

P O Box 317

Warkworth 0941

[www.rodneysurgicalcentre.co.nz](http://www.rodneysurgicalcentre.co.nz)

APPLICATION TO PRACTICE AT RSC DECLARATION AND AGREEMENT

PERMANENT CREDETIALED STATUS

* I understand that all personal information supplied to RSC as part of my application to practice at RSC or at any time afterwards may be used and disclosed by RSC for purpose related to my credentialed status and scope of practice.
* I authorize RSC to make enquires and obtain information from other sources when necessary for decisions on my credentialed status or scope of practice. I consent to these persons and institutions disclosing any such information required by RSC. I also understand and agree that this material may be provided in confidence as evaluative material and might not be disclosed to me.
* I consent to RSC using and disclosing any information received by RSC about me to other organizations, in the interests of patient safety or for any other purpose contemplated by RSC.
* I acknowledge that I have read and understood the terms and conditions set out in the RSC by-laws. If my application is successful and I am granted credentialed status and a RSC approved scope of practice, I agree to be bound by and observe the by-laws and any subsequent amendments to them at all times while practicing at RSC.
* I confirm that I am competent and trained to perform the procedures in the board areas/groups that I have stated in my application to practice at RSC.
* I declare that the information contained in my application to practice at RSC is accurate and completed. I understand that the truth of the information provided by me is essential to and will be relied upon by RSC.
* I acknowledge that, if I have falsified or withheld any information, this may be grounds for the termination by RSC of my credentialed status at RSC.

Signature:

Date:

Full Name: