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NZREX6: Examination date change

NZREX Clinical

You may only request to change your examination date more than 6 weeks' prior to the examination. However, if you can provide more notice, this is appreciated.

SECTION 1 – Personal identification details		
Family name		
Given names		
Signature		
SECTION 2 – Current examination details		
Date of scheduled	examination:	
SECTION 3 – Exan	nination date change	
Date of preferred examination: (please indicate from those available on our website)		
Date of Academic International English Language Testing System (IELTS) or Medical Module of the Occupational English Test (OET) results:		
NB: Your result must be dated within 2 years of the examination you are applying to transfer to (unless you are a repeat candidate who has been living in one of the countries listed in Council's policy on English language requirements)		
 Date you passed: the United States Medical Licensing Examination (USMLE) Steps 1 and 2 Clinical Knowledge OR the Australian Medical Council MCQ OR the Medical Council of Canada Qualifying Examination Part I OR the General Medical Council PLAB Part 1. 		
NB: Your result must you are applying to t	be dated within 5 years of the date of the examination ransfer to.	
You will receive wr	r reason(s) for changing your examination date: itten confirmation of your acceptance into the preferr details of an alternative if available.	ed examination, or if the preferred

SECTION 4 – Fee (NZ\$)		
For information about the current transfer fee please refer to our website: https://www.mcnz.org.nz/get-registered/fees-forms-and-checklists		
Credit card: Once your request has been received, processed and approved, payment details will be emailed to the email address you have provided on this form in order to make the payment		
Cheque enclosed: (NZ\$), please ensure you print your full name on the back of the cheque		