



Te Kaunihera
Rata o
Aotearoa

**Medical
Council of
New Zealand**

PO Box 10509
The Terrace
Wellington 6143
New Zealand

+64 4384 7635
0800 286 801
registration@mcnz.org.nz
www.mcnz.org.nz

CPD7 Training Registrar – Recertification confirmation Exemption from enrolling with <i>Inpractice</i>¹	Registration no: _____
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Objective

To confirm that the doctor named is enrolled and actively participating in a formal vocational training programme.

Your details

Name: _____ MCNZ registration no: _____

Your responsibilities

- You must remain in the vocational training programme in order to be exempt from enrolling in *Inpractice*, Council’s approved recertification programme for doctors in a general scope .
- You must undertake to do what is necessary to ensure your knowledge and skills relevant to the work you are doing is maintained to the required standard, to protect the health and safety of the public.

Name of vocational training programme: _____

Vocational scope of practice: _____

Supervisor of training

Name: _____ Date: _____

Signature: _____ MCNZ registration no: _____

Responsibility of the supervisor of training

- Must have an established relationship with the doctor participating in the vocational training programme.
- Must be sufficiently aware of the doctor’s practice to be able to confirm to the Council that the doctor is competent to do the work he or she is doing at the time he or she applies for a practising certificate.
- Must be registered in the same vocational scope of practice as the doctor is training in.

Legal liability

Unless the supervisor acts in bad faith or without reasonable care, they are not civilly liable for the actions of those they supervise.

Declaration:

- I confirm that I am formally enrolled with and participating in the training programme named above, and that I will inform Council should I withdraw / be excluded from the programme at any point in the future
- I have enclosed evidence of my enrolment in the vocational training programme named above.

Signature: _____ Date: _____

Please take a copy for your records and post or email pc@mcnz.org.nz this form to the Council office: P O Box 10509, The Terrace, Wellington 6143. Email address: registration@mcnz.org.nz

¹ Council’s approved recertification programme for doctors in a general scope of practice