

Application for an Annual Practising Certificate

Currently non-practising



Health Practitioners Competence Assurance Act 2003

The Physiotherapy Board of New Zealand

If you are currently not practising physiotherapy you must apply for and be granted an Annual Practising Certificate (APC) before you return to practice.

If you have not advised the Board that you are non-practising it is possible that your entry in the Register of Physiotherapists has been cancelled. Please contact the Board as you may need to apply to have your entry restored to the Register.

PERSONAL DETAILS

Registration Number: 70 -		
Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr		
Given names:		
Surname/Family name:		
Previous name: <i>If applicable please attach evidence of your name change if required. Refer to the guidelines on page 6</i>		
Date of birth: / /		
Ethnic group: Please indicate which ethnic group or groups you identify with. Enter the code from the list provided below.		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Ethnic Group Codes		
00 NZ European	10 Other European	11 Australian
33 Tongan	35 Tokelauan	36 Fijian
51 Chinese	52 Indian	88 Other –Specify _____
20 Maori	31 Samoan	32 Cook Island Maori
37 Other Pacific	40 South East Asian	
Please complete the address details below. You must provide the Board with a current postal address, residential address and if applicable a work address. An optional alternative address such as a PO Box may be used as your mailing address.		
Residential Address	Work Address (if known)	Alternative Address (if required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing <input type="checkbox"/>	Mailing <input type="checkbox"/>	
Daytime telephone:		Fax number:
Work <input type="checkbox"/> Home <input type="checkbox"/>		<input type="text"/>
Mobile telephone: <input type="text"/>		
Email address:		
<i>Please print clearly</i>		
Work <input type="checkbox"/>	Home <input type="checkbox"/>	

DOCUMENTATION REQUIRED

The Registrar may issue you with an APC if you have maintained your competence, are fit to practice and have no outstanding disciplinary proceedings against you.

1. **Were you granted registration as a physiotherapist in New Zealand in the last three months?**

Yes [] No []

If **YES**, go to Competence & Fitness to Practice on page 3
If **NO**, go to question 2

2. **Have you held an APC issued by the Physiotherapy Board in the last three years?**

Yes [] No []

If **YES**, go to question 3
If **NO**, go to question 4

3. **Have you been practising overseas since you last practiced in New Zealand?**

Yes [] No []

If **YES**, you must attach an original **Certificate of Good Standing** (Certificate of Current Professional Status) from the physiotherapy regulatory authority from the country or state where you practised. If there is no such authority then provide an original **Letter of Validation** from your last employer.

The Board has specific requirements for the Certificate of Good Standing and the Letter of Validation. Please see page 5.
Then go to Competence & Fitness to Practice on page 3

If **NO**, go to Competence & Fitness to Practice on page 3

4. **Have you practised overseas in the last three years?**

Yes [] No []

If **YES**, you must attach an original **Certificate of Good Standing** (Certificate of Current Professional Status) from the physiotherapy regulatory authority from the country or state where you practised. If there is no such authority then provide an original **Letter of Validation** from your last employer.

The Board has specific requirements for the Certificate of Good Standing and the Letter of Validation. Please see page 5.
Then continue to Competence & Fitness to Practice on page 3

If **NO**, you must attach a detailed **Curriculum Vitae, Professional Development Plan** and a **Self-Reflective Statement, including relevant CPD activities undertaken since you last practised.**

For more information on Curriculum Vitae and on Self-reflective statements please see pages 5 & 6.

COMPETENCE AND FITNESS TO PRACTISE

You are required to disclose information relating to your competence and fitness to practice. Please answer **all** the following questions and where necessary provide relevant information.

Tick either “Yes” or “No” to all questions

If you answer “Yes” to any of the questions below, you are required to provide the Board with following details:

1. The potential impact on your practise of physiotherapy. Describe any steps taken to ensure the safety of your patients.
 2. Supporting letters from your treating practitioner, supervisor or employer.
- Please provide the above information in a sealed envelope marked “Confidential to the Registrar”

Please answer all questions

Have you been the subject of any adverse findings by an employer, professional body, Disciplinary Tribunal or the Health and Disability Commissioner or a similar authority in New Zealand or elsewhere?

Yes [] No []

Are you aware of any investigation pending or proceeding against you by an employer, professional body, Disciplinary Tribunal or the Health and Disability Commissioner or a similar authority in New Zealand or elsewhere?

Yes [] No []

Do you suffer from any mental or physical condition or impairment with the potential to affect your fitness to practise ?

Yes [] No []

Have you been convicted of any criminal offence punishable by imprisonment for a term of 3 months or longer?

Yes [] No []

Are you aware of any criminal changes pending or proceeding against you in New Zealand or elsewhere?

Yes [] No []

Are you aware of any existing risk factors which may result in you endangering the health and safety of members of the public?

Yes [] No []

DECLARATION: APPLICATION FOR AN APC

I apply for an Annual Practising Certificate (APC) for the practising year 2009/2010

I permit the Physiotherapy Board of New Zealand to contact previous employers, educational institutions or other persons to verify the information I have given and to seek character references.

I believe I am competent to practice within my scope of practice.

I will inform the Board of any name or address change within one month.

I understand the terms and conditions of the Recertification Programme operated by the Board and proof of my participation may be required for APC renewal.

I hereby declare the information I have given in this application is true and correct.

Signature of registrant:

Date:

PAYMENT ADVICE FOR 2009/2010 PRACTISING YEAR

Please make cheques payable to the Physiotherapy Board.

Registration Number: **70** -

Amount payable: **\$NZ 250.00 for 2009/2010 APC year**

Cheque Credit card: Visa Mastercard

Card number - - -

Expiry date: /
 Month/Year

Name on card:

Cardholder's signature:

:

SEND YOUR APPLICATION

Your application should include:

A COMPLETED APPLICATION FORM – all questions answered

PAYMENT – of \$NZ 250.00

If you are paying by credit card: check that the numbers and expiry date are correct on the form and include the name and signature that is shown on the card.

WHERE RELEVANT ENCLOSE:

- Evidence of your "Change of Name" (certified copy of name change)
- A Certificate of Good Standing (Certificate of Current Professional Status)
- A Letter of Validation
- Your Curriculum Vitae
- A Self-reflection Statement
- A Professional Development Plan

Post your application to:

The Registrar
The Physiotherapy Board
PO Box 10734
Wellington 6143

Courier your application to:

The Registrar
The Physiotherapy Board
Level 8
108 The Terrace
Wellington 6011

Any further questions please contact the Board:

Telephone: +64 4 471 2610

Fax: +64 4 471 2613

Electronic or facsimile transmission is not acceptable

ACCOMPANYING NOTES

IMPORTANT INFORMATION RELATING TO THE ISSUE OF AN APC

The Registrar may decline to issue you with an APC if you have:

- (1) Failed to maintain the required standard of competence
- (2) Failed to fulfil or comply with a condition included in your scope of practice
- (3) Not satisfactorily completed the requirements of a competence programme that you were ordered to undertake by the Physiotherapy Board
- (4) Not held an APC issued by the Physiotherapy Board for the last 3 years
- (5) Not been able to perform the functions required to practice physiotherapy because of some mental or physical condition
- (6) Not lawfully practised physiotherapy within the last 3 years
- (7) Provided false or misleading information to the Physiotherapy Board
- (8) Not paid any fines or costs associated with determinations by the Health Practitioners Disciplinary Tribunal, the Health and Disability Commissioner or the Professional Conduct Committee
- (9) Failed to comply with the requirements of the recertification programme.

In such instances, but with the exception of (8) you may apply for a review of the Registrar's decision. Your APC will be valid from the date of issue.

- It cannot be backdated.
- There are no pro rata payments for APCs. Part time physiotherapists do not qualify for a reduction in fees.

CERTIFICATE OF GOOD STANDING OR CERTIFICATE OF CURRENT PROFESSIONAL STATUS

An original Certificate of Good Standing is needed to demonstrate your good standing with the regulatory authority where you last practised. The original certificate should provide evidence of registration and good standing. It must be less than three months old when received by the Board, and state that there are no disciplinary actions pending or proceeding against you.

LETTER OF VALIDATION

An original letter of validation will **only be accepted if there is no regulatory authority that can issue an Certificate of Good Standing or Certificate of Current Professional Status**. The letter should be signed by your manager or supervisor from the organisation where you last practised. It must be less than three months old when received by the Board. Please ensure the following is included:

- Full name of person providing the letter, their address and contact details
- The period you were employed
- Any disciplinary action against you, including matters still being processed or pending.

CURRICULUM VITAE

Please provide a CV which covers your entire work history. Remember to include any breaks in your career and provide a brief reason why you were not working.

This information is required so the Board can ascertain your previous areas of practice, the length of time you have been away from the profession and put your future plans in context. The template below is included as a guide. Please include additional pages if you have worked in more than one location.

Position held:	
Start date to finish date:	
Job Title:	
Name & address of employer:	
Employment status:	Full time [] Part time [] Hours per week:
Area/s of practice:	

A SELF-REFLECTIVE STATEMENT

The objective of this statement is to understand your future career plans relating to the practice of physiotherapy.

Please include the following:

- The area you intend to practice should your application be successful. For example, cardiothoracic, musculoskeletal or neurology.
- Where do you intend to practice? For example, private practice, hospital based or a rest home.
- Identify your future learning needs in the area of physiotherapy where you intend to practise.
- Through your **Professional Development Plan (PDP)** describe how you will address these learning needs.

A PDP helps clarify your future development in the area of practice you want to go into: it sets out your goals and objectives for learning over a specific period of time. You identify activities you need to undertake and the resources required to complete them. A PDP is an important part of the information required for an APC application.

The Board's requirements for a PDP are provided below.

Goal/Objectives	Activities	Outcomes	Resources required	Time required	Date Achieved

CONTINUING PROFESSIONAL DEVELOPMENT

Include the CPD (Continuing Professional Development) activities you have completed in the last three years. Only include those activities which demonstrate your competence to practice physiotherapy.

Any relevant Professional Development activities you undertook prior to the last three years may be included if they provide further evidence of your fitness to practice physiotherapy.

Further information on the Recertification Programme is available on the Board's website

www.physioboard.org/recertification.asp

CERTIFIED COPIES

Where indicated your documents must be certified by an authorising official (a Justice of the Peace, Solicitor or Notary Public). If you require further information please refer to

www.physioboard.org.nz/certified_copies.asp