



CANCELLATION OF ENTRY IN THE NEW ZEALAND REGISTER OF PHYSIOTHERAPISTS

Important notification under section 144 of the Health Practitioners Competence Assurance Act 2003 (HPCA Act)

If you cancel your entry in the Register you cannot practise as a physiotherapist in New Zealand and may not call yourself a physiotherapist.

You may apply to have your name restored to the Register if you wish to practise in the future. However, restoration is not automatic, and you will need to show that you are fit for registration in accordance with section 16 and that you are not subject to pending disciplinary proceedings or an order of the Health Practitioners Disciplinary Tribunal.

In order to return to practice, you will also need to apply for and hold an Annual Practising Certificate (APC). Before granting an APC the Board may, for example, require you to undergo a competence assessment and/or impose conditions on your APC in order to satisfy itself that you meet the required standard of competence.

COMPULSORY QUESTIONS

Please answer these questions. If you answer YES to any of these questions the Registrar may be unable to cancel your entry in the Register until these issues have been resolved. Please provide relevant information in a sealed envelope addressed 'Confidential to the Registrar'.

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

YES

NO

2. Are you aware of any pending investigation 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

3. Have you been convicted of any criminal offence or are you aware of any criminal charges pending or proceeding against you (including traffic offences involving alcohol or drugs) in New Zealand or elsewhere?

YES

NO

DECLARATION: CANCELLATION OF ENTRY IN THE REGISTER

I wish to cancel my registration as a physiotherapist in accordance with section 144(3) of the Health Practitioners Competence Assurance Act 2003.

I understand that if my entry in the Register of Physiotherapists is cancelled I cannot legally practise as a physiotherapist in New Zealand.

I understand that if I wish to practise physiotherapy in New Zealand in the future I must have my name restored in the Register of Physiotherapists AND apply for a current practising certificate.

I understand that the Physiotherapy Board of New Zealand may obtain further information concerning this application for cancellation of registration and I consent to the collection of such information by the Board or its agents.

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

Full Name: _____ Registration Number: _____

Signature of Registrant: _____ Date: _____

Please note: The physiotherapist concerned must personally sign this application if he/she is able to. If however, he/she is deceased or through incapacity unable to, then another (next of kin, trustee, executor) should do so stating:

1. Their relationship to the physiotherapist, and
2. The reason why the physiotherapist is unable to sign the form.

Please send your completed hard copy form to the Board at PO Box 10734, Wellington 6143 or scan and email to recertification@physioboard.org.nz