

## Application form for an Annual Practising Certificate 2017/2018 Application form for updating Practising Status 2017/2018 (Annual Renewal)

**Important Notification under sections 26 & 144 of the Health Practitioners Competence Assurance Act 2003 (HPCA Act)**

Complete this form if you are currently registered under the General Scope of Practice and you wish to:

1. Update your practising status by applying for an Annual Practising Certificate (APC)
2. Update your practising status by applying to maintain your entry in the Register of Physiotherapists as 'Non-Practising'
3. Returning to the New Zealand profession, applying for your first NZ APC, or have been 'Non-Practising' and now wish to apply for an APC

Registration Number

70 -

**Current Practising Status** (Please tick as appropriate):

<p><b>1.</b> I hold / held an APC which expires / has expired at 31 March 2017 and want to renew my APC for 1 April 2017</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p><b>2.</b> I hold / held a Non-Practising Status for the 2016/2017 practising year and want to remain Non-Practising for the 2017/2018 practising year <b>OR</b> I hold / held an APC for the 2016/2017 practising year and want to be registered as Non-Practising for the 2017/2018 practising year</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p><b>3.</b> I am</p> <p>a) returning to the New Zealand profession; or</p> <p>b) applying for my first APC; or</p> <p>c) have been Non-Practising and now wish to apply for an APC for the 2017/2018 practising year</p> <p style="text-align: right;"><input type="checkbox"/></p>
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### PERSONAL DETAILS – this section must be completed by all applicants

<b>Title:</b> <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Mrs <input type="radio"/> Mr <input type="radio"/> Dr
<b>Given Names:</b>
<b>Surname / Family Name:</b>
<b>Previous Name</b> (if applicable): <i>If you have changed your name, evidence in the form of a correctly certified marriage certificate, deed poll or statutory declaration must be provided.</i>
<b>Date of Birth:</b> Day / Month / Year

**Ethnic group:** Please indicate which ethnic group or groups you identify with from the list provided below.

**Enter the code(s):**

- |                     |                |                          |                                |           |            |
|---------------------|----------------|--------------------------|--------------------------------|-----------|------------|
| 11 NZ European      | 21 Maori       | 12 Other European        | 32 Cook Island Maori           | 31 Samoan | 36 Fijian  |
| 33 Tongan           | 35 Tokelauan   | 34 Niuean                | 37 Other Pacific Island        | 43 Indian | 42 Chinese |
| 41 South East Asian | 44 Other Asian | 53 African               | 52 Latin American / Hispanic   |           |            |
| 51 Middle Eastern   | 94 Don't Know  | 95 Do not wish to answer | 88 Other: Please specify _____ |           |            |

Please complete the address details below. **You must provide the Board with a current postal address, residential address and a work address** (if applicable). A PO Box may be used as your postal address.

Residential Address	Work Address	Alternative Address (if required)
Use as postal? [ ]	Use as postal? [ ]	Use as postal? [ ]
Residential Phone Number:	Daytime Phone Number:	Mobile Phone Number:
Primary Email address:		Secondary Email address:

## Complete this section if you ticked 1 or 2 on page one

Practise Intentions for the 2017/2018 practising year – you must complete either (a) or (b)

### (a) Apply for an APC

Declaration for an APC

Competence & Fitness questions

Payment Advice

### (b) Apply to be non-practising

Declaration for Non-practising

Competence and Fitness questions

Payment Advice

#### Points to Note if you wish to renew your Annual Practising Certificate (APC):

1. Renewal of your APC is dependent upon you having successfully completed relevant CPD (Continuing Professional Development) activities. Further information on the Recertification Programme is available on the Board's website [www.physioboard.org.nz](http://www.physioboard.org.nz).
2. If there are conditions on your current APC then you must fulfil or comply with the conditions included on your new APC.
3. If your APC application is received after 1 April 2017, your new APC will be dated from the day your complete application is received. APCs are valid from the date of issue and cannot be backdated.
4. There are no pro rata payments for APCs. Part time physiotherapists do not qualify for a reduction in fees.
5. You will not be issued an APC if you have any outstanding fines, costs or expenses with the Health Practitioners Disciplinary Tribunal, the Health and Disability Commissioner or the Professional Conduct Committee (section 26 (4) of the HPCA Act).

It is an offence under section 172 of the HPCA Act to make a declaration that is false or misleading.

**You must complete this form, sign the relevant declaration and return the entire form along with the appropriate fee to: [recertification@physioboard.org.nz](mailto:recertification@physioboard.org.nz) or post to Physiotherapy Board of New Zealand, PO Box 10734, Wellington 6143, New Zealand.**

**Please complete the appropriate declaration for your application: incomplete applications will be returned**

### a) Apply for an Annual Practising Certificate (APC)

#### Declaration: APC

1. **I wish to apply for an Annual Practising Certificate (APC) for the practising year 1 April 2017 to 31 March 2018**
  - a. I held an APC and was practising physiotherapy during the 2016/2017 practising year.
  - b. I believe I am competent to practise within my scope of practice
  - c. I have completed the minimum number of Continuing Professional Development (CPD) hours required to meet the recertification requirements and can supply supporting documentation if requested
  - d. I will inform the Board of any name or address change within one month
  - e. I hereby declare that the information I have given in this application is true and correct
  - f. I enclose the application fee of \$477.23 (which includes a disciplinary levy of \$155.92 and GST)
  - g. I understand that if my Application for an APC is received after 1 April 2017, an additional fee of \$210 will apply.

Full Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Signature of Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

### b) Apply to have your name retained on the Register of Physiotherapists as Non-Practising

The Board will accept a signature from a Power of Attorney. Please provide a copy of the Power of Attorney deed with this form.

#### Declaration: Non-practising

2. **I wish to have my name retained in the Register of Physiotherapists as a non-practising physiotherapist for 2017/2018**
  - a. I understand that I cannot practise as a physiotherapist in New Zealand without a current APC
  - b. I understand that I should maintain some Continuing Professional Development activity whilst non-practising
  - c. I will inform the Board of any name or address change within one month
  - d. I hereby declare that the information I have given in this application is true and correct
  - e. I enclose the application fee of \$48.30 inclusive of GST.

Full Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Signature of Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete this section if you ticked 3 on page one**  
**Application for an Annual Practising Certificate 2017/2018**

This section is for physiotherapists who are **a)** Returning to the New Zealand profession, or **b)** Applying for their first NZ APC following registration, or **c)** you have been Non-Practising and now wish to apply for an APC

**You must apply for and be granted an Annual Practising Certificate (APC) before you can practise in New Zealand.**

**Declaration: APC**

I wish to apply for an Annual Practising Certificate (APC) for the practising year 1 April 2017 to 31 March 2018

- a. 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.
- b. I believe I am competent to practise within the general scope of practice: Physiotherapist.
- c. I will inform the Board of any name or address changes within one month.
- d. 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.
- e. I hereby declare the information I have given in this application to be true and correct.

Full Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Signature of Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

	Yes	No
1. Were you granted registration as a physiotherapist in New Zealand in the last three months?	<input type="checkbox"/>	<input type="checkbox"/>

If **YES**, go to Competence and Fitness to Practise on page 4  
 If **NO**, proceed to question 2

2. Have you practised physiotherapy in New Zealand in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
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If **YES**, proceed to question 3  
 If **NO**, proceed to question 4

3. Have you been practising overseas since you last practised in New Zealand?	<input type="checkbox"/>	<input type="checkbox"/>
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If **YES**, please provide one of the following:

- a) A current, original **Certificate of Good Standing** (also known as a Certificate of Registration Status) from the physiotherapy regulatory authority in the country/state where you last practised, or
- b) (if there is no such authority) an original **letter of validation** from your last employer

*The Board has specific requirements for the Certificate of Good Standing and Letter of Validation. Please see page 5 then proceed to Competence and Fitness to Practise on page 4.*

If **NO**, please proceed to Competence and Fitness to Practise on page 4.

4. Have you practised overseas in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
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If **YES**, please provide one of the following:

- a) A current, original **Certificate of Good Standing** (also known as a Certificate of Registration Status) from the physiotherapy regulatory authority in the country/state where you last practised, or
- b) (if there is no such authority) an original **letter of validation** from your last employer

*The Board has specific requirements for the Certificate of Good Standing and Letter of Validation. Please see page 5 then proceed to Competence and Fitness to Practise on page 4.*

If **NO**, please provide the following detailed documentation, including relevant CPD activities undertaken since you last practised:

- Curriculum Vitae
- Professional Development Plan
- Self-Reflection
- **For more information on providing a curriculum vitae, professional development plan and self-reflection, please see page 6.**

**Please note: there is a fee when submitting an application to for the Return to Practice Programme of \$497.15**  
**Additionally there may be a fee if your application is sent to Moderation of \$289.80**

**COMPETENCE AND FITNESS TO PRACTISE – this section must be completed by all applicants**

**Privacy Act Information**

The information in this form will be used for the purpose of performing the Physiotherapy Board’s functions under the HPCA Act. Under the Privacy Act 1993, the applicant has the right of access to, and correction of, personal information held by the Physiotherapy Board. No individual’s information will be disclosed to any other person(s) or organisation(s) without the permission of the applicant, unless required by law.

**Compulsory: Please answer ALL the questions below**

**If the answer to any of these questions is YES you are required to provide the Board with the following details:**

1. The potential impact on your practice of physiotherapy. Describe any steps taken to ensure the safety of your patients.
2. Supporting letters from your treating practitioner, supervisor or employer.

**It is advisable to contact the Board, in the first instance, for advice.**

	Yes	No
1 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?		
2 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?		
3 Have you suffered from any mental or physical condition or impairment with the potential to affect your fitness to practise physiotherapy?		
4 Have you been convicted of any criminal offence punishable by imprisonment for a term of 3 months or longer? (for NZ applicants, please note your rights under the Criminal Records (Clean Slate) Act 2004 before providing details of any criminal record)		
5 Are you aware of any investigation pending or proceeding against you by the Police and/or ACC?		
6 Are you aware of any criminal investigations, charges pending or proceeding against you in New Zealand or elsewhere?		
7 Are you aware of any existing risk factors that may result in you endangering the health and safety of members of the public?		



## ACCOMPANYING NOTES

If you have any questions about your application please contact the Secretariat:

+ 64 4 471 2610 or email [recertification@physioboard.org.nz](mailto:recertification@physioboard.org.nz)

### 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 practise 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) above, 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 or physiotherapists who apply for an APC partway through the year do not qualify for a reduction in fees.
- ❖ The Board's practising year runs from 1 April to 31 March

### GENERAL SCOPE OF PRACTICE: PHYSIOTHERAPIST

For further information on the general scope of practice, please refer to the Board's website:

<http://www.physioboard.org.nz/scopes-physiotherapy-0>

### EVIDENCE OF GOOD STANDING

If you have practised overseas since you last practised in New Zealand, the Board requires evidence of your good standing from the last country you practised in.

If there is a regulatory authority in the country where you last practised you must provide the Board with a Certificate of Good Standing. If there is no regulatory authority in the country where you last practised, you must provide a letter of validation as evidence of your good standing.

**Note:** Information from your professional membership organisation (i.e. CSP in the UK / ISCP in Ireland) is not required.

#### a) Certificate of Good Standing (also a Certificate of Registration Status)

If you have been practising overseas since you last practised in New Zealand, an original Certificate of Good Standing is required as evidence of 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 dated no more than 3 months prior to your application being received by the Board and indicate that there are no disciplinary actions pending or proceeding against you or no restrictions on your practice.

#### b) Letter of Validation

An original letter of validation will only be accepted if there is no regulatory authority that can issue a Certificate of Good Standing. The letter should be signed by your manager or supervisor from the organisation where you last practised. It must be dated no more than 3 months prior to the Board's receipt of your application.

Please ensure the following is included:

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

## RETURNING TO THE PROFESSION

### Physiotherapy Practice Thresholds

The Physiotherapy Practice Thresholds were launched by the Australian and New Zealand Physiotherapy Boards in May 2015 following extensive consultation over two years, which many physiotherapists participated in. The Physiotherapy Practice Thresholds set out the entry-level requirements for initial and continuing registration as a physiotherapist in both Australia and New Zealand.

For further information on the practice thresholds, please refer to the Board's website:

<http://www.physioboard.org.nz/sites/default/files/PhysiotherapyPractice%20Thresholds3.5.16.pdf>

This document should also be used for an applicant who has not practised the profession for three or more years immediately prior to their APC application (i.e. a return to practice applicant) to identify specific strengths and limitations to guide their professional development plan.

If you answered "NO" to question 4 on page 2 of this form, you are required to provide additional information to satisfy the Board that you are competent and fit to return to practising physiotherapy.

### Curriculum Vitae

Please provide a CV which covers your entire work history. Remember to include any breaks in your practice and provide a brief reason for these breaks. This information is required so that the Board can ascertain your previous areas of practice and the length of time you have been away from the profession and put your future plans into context.

The template below is included as a guide to what information the Board requires.

<b>Position held / Job Title:</b>			
<b>Start date:</b>		<b>Finish date:</b>	
<b>Name &amp; address of employer:</b>			
<b>Employment status:</b>	<b>Full time</b> [ ]	<b>Part time</b> [ ]	
<b>Area(s) of practice:</b>			
<b>Roles &amp; Responsibilities</b>			

### Self-Reflection (Statement)

Reflective practice is an important part of being a health practitioner. It is also important throughout the return to practice programme as it allows you to demonstrate insight into practice and learning needs. The template below is included as a guide to what the Board requires.

<b>Name:</b>	
<b>Registration Number:</b>	70-
<b>Date:</b>	
<b>Objective:</b>	To understand your career plans relating to the practice of physiotherapy
<b>What is the area in which you intend to practise?</b>	
<b>Where do you intend to practise?</b>	
<b>Identify your future learning needs:</b>	
<b>How will you address these learning needs?</b>	

### Professional Development Plan

A Professional Development Plan (PDP) is an important part of the information required for an APC application. 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 and identifies activities you need to undertake the resources required to complete them.

The Board requires the following template be used:

Goal/Objectives	Activities	Outcomes	Resources Required	Time Required	Date Achieved

### Continuing Professional Development

The Board wants to see the Continuing Professional Development (CPD) activities you have completed in the last 3 years. Only include those activities which demonstrate your competence to practise physiotherapy. Any relevant CPD activities you undertook prior to the last 3 years may be included if they provide further evidence of your fitness to practise physiotherapy.

Further information on the Recertification Programme and requirements is available on the Board website:

<http://www.physioboard.org.nz/competence-and-recertification-audit>