



# Application for a Partial Year Annual Practising Certificate (up to 3 months)

Practitioners seeking to practise in New Zealand with a Scope of Practice of 'Chiropractor' under the *Health Practitioners Competence Assurance Act 2003*

*The timeframe for processing applications is approximately 1 week.*

You are applying for an annual practising certificate (APC) under the Health Practitioners Competence Assurance Act 2003 (the Act).

I, \_\_\_\_\_, registration number 00-0\_\_\_\_\_, am applying for a Partial Year Annual Practising Certificate valid for (up to 3 months) as a chiropractor for the period starting \_\_\_\_\_ and ending \_\_\_\_\_.

**Please note:** The expiry date will be either the end of period chosen or the end of the current practising year - whichever comes first.

<b>Personal Details</b>	
<b>Date of Birth</b>	/ / (dd/mm/yyyy)
<b>Residential Address</b>	
<b>Postal Address</b>	
<b>Work Address</b>	
<b>Telephone</b>	
<b>Email Address</b>	

<b>Declarations</b>	
<i>I declare that (please tick)</i>	
<input type="checkbox"/>	I have practised the profession of chiropractic within the last three years.
<input type="checkbox"/>	I am applying for an APC to practise within the Scope of Practise of chiropractor for the above period.
<input type="checkbox"/>	I believe to the best of my knowledge that I am competent to practise in accordance with my scope of practice.
<input type="checkbox"/>	I believe to the best of my knowledge that I have no mental or physical condition(s) that may compromise my competence.
<input type="checkbox"/>	I understand that although I am only practising for part of the APC year, I will still need to participate in the Board's continuing professional development (CPD) programme.
<input type="checkbox"/>	All of the information provided with this application is true and correct in every particular detail.
<input type="checkbox"/>	I am not currently under investigation or have conditions on my practice in any other jurisdiction.
<input type="checkbox"/>	I have not had my Registration cancelled in any other jurisdiction.
<input type="checkbox"/>	I have not had a criminal conviction in the previous 12 months.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** Under section 172 of the Health Practitioners Competence Assurance Act 2003, any person who commits an offence if they make any declaration or representation that, to their knowledge, is false or misleading, may be liable on summary of conviction to a fine not exceeding \$10,000.00.

**Recent practise as a chiropractor:**

If you have **not** held a practising certificate with the New Zealand Chiropractic Board within the last three-years, but have been registered with the Board, please provide the following:

1. If you have been practicing as a chiropractor in another jurisdiction, you will need to arrange for a Certificate of Good Standing to be sent directly to the Board from each jurisdiction where you have practiced since the expiry of your Annual Practising Certificate;
2. A current Curriculum Vitaé including details of all activities undertaken to maintain your competence during your absence from practice in New Zealand;

3. Two written references from registered chiropractors who can attest to your good character (chiropractors must be registered in the same jurisdiction where your Certificate of Good Standing is originated).

### Overseas practice

If you have practised in any jurisdiction other than Aotearoa New Zealand, you will need to arrange for a Certificate of Good Standing to be sent directly to the Board from each jurisdiction you practiced in.

## Payment

Chiropractic Board GST No. 73 081 076

### Fees

All fees are non-refundable and are inclusive of Goods and Services Tax (GST) of 15%

**Partial Year APC (three-months) (includes a disciplinary levy of \$0.00) \$250.80 + \$45.00 Administration Fee**

### Credit Card Payment

Please debit my (tick one)  Visa  MasterCard  Debit Card

**\$295.80 (\$250.80 Partial Year APC fee + \$45.00 Administration Fee)**

Credit Card Number:

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yy)

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Please send completed application and supporting documents to: [admin@chiropracticboard.org.nz](mailto:admin@chiropracticboard.org.nz) or to

The Registrar  
Chiropractic Board  
PO Box 9644  
Wellington 6141