



NEW ZEALAND
CHIROPRACTIC BOARD
TE POARI KAIKOROHITI O AOTEAROA

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Email : registrar@chiropracticboard.org.nz

Website : www.chiropracticboard.org.nz

Application for Registration For New Zealand Graduates

Fees:

The fees associated with an application for registration and/or registration and Annual Practising Certificate are as follows:

Application for Registration - \$153 **and** if you are applying for an Annual Practising Certificate at the same time:

- \$1244.80 for Annual Practising Certificate applied for between 1 April and 31 October
- \$495.68 for an Initial Annual Practising Certificate applied for between 1 November and 31 March

Please note: This form is not to be completed by persons wishing to renew an inactive registration.

Updated July 2020



Application Explanatory Notes

Practising in New Zealand

Registration in New Zealand is two-fold – the first step being registration, the second being the right to practise Chiropractic by holding an Annual Practising Certificate. It is a breach of the *Health Practitioners Competence Assurance Act 2003* to practise as a Chiropractor in New Zealand without holding a current Annual Practising Certificate granted by the New Zealand Chiropractic Board and significant penalties apply.

As the title suggests, the Annual Practising Certificate (APC) is renewable each year. The APC year runs from the 1st of April through the 31st of March each year. An APC renewal application will be sent to you in early February each year for payment prior to 31 March.

Who is required to complete this form?

This form must be fully completed by persons who hold a Chiropractic degree granted by the New Zealand College of Chiropractic and who wishes to apply for registration and:

- **have not** previously registered in New Zealand;
- **are not** currently registered in Australia. (If registered in Australia please complete the TTMR application form available on the Board's website)

If you hold a degree from outside of New Zealand and are not registered in Australia, you will need to sit the Board's Registration Examination if you are qualified to do so. Do not complete this form. Please download the Application to sit Board Registration Examination form.

Translation of documents

Documents written in a language other than English must be translated by an official translator. Both the translation and a notarised copy of the original document must be sent with this application.

Supporting documentation

You must provide all information and documents requested in this form. An incomplete application will be returned to you to complete.

Written References

You are required to provide **two** written professional references from registered chiropractors (employers, lecturers (or equivalent)) in support of your application. References from family members are not accepted. See Section 3.3.

Communication Skills

To satisfy the requirements of Section 16 of the Health Practitioners Competence Assurance Act 2003 the Board requires all applicants to be able to effectively communicate in and comprehend English.

Requests for further information

The Chiropractic Board may, if it thinks fit, receive any information from, or question the applicant or any other person, in respect of an application being considered by the Board. For the purposes of any such questioning, the Board may administer an oath to any person. Before the Board questions any other person about the applicant, it must advise the applicant about the identity of the persons to be questioned and the nature of the questions.

Notarised copies

Each copy of an original document must bear a statement certifying that it is a true and correct copy of the original. The person who certifies (notarises) the document must have the legal authority to do so (e.g. Justice of the Peace, Solicitor, Notary Public, Registrar of the High Court or any District Council, any member of Parliament or police officer with the rank of sergeant or higher). The certification **MUST** include an official stamp or seal and must include the name and signature of the certifying person.

No responsibility will be taken for original documents sent to this Office.

Timeframes

The timeframe for processing of applications is approximately 1 week for New Zealand graduate applications and 2 weeks for Australian graduate applications.

PART 1 – PERSONAL DETAILS

Record of Criminal Conviction(s) New Zealand

The Board requires every applicant for registration to complete a Ministry of Justice - Request for Criminal Conviction History. You can download the form from the Ministry of Justice website - <https://www.justice.govt.nz/>. This document lists only convictions and sentencing from court appearances and does not include Youth Court charges. The Ministry of Justice will email a copy of your Criminal Conviction History Record directly to you. This document must not be more than six months old when you submit your registration application documents to the Board.

Record of Criminal Conviction(s) - Overseas

The Board requires every applicant for registration who has resided overseas for a period of 6 months or more since the age of 16, to obtain a Record of Criminal Convictions [e.g., Criminal History Check (Australia) Police Clearance Certificate (South Africa), FBI Criminal Conviction Information/Fingerprint Information (USA), NIS Criminal Record Information Certificate (UK)] or equivalent documentation to inform the Board about any convictions you may have had overseas. You must obtain a Certificate from each country you have lived in from the age of 16, for a period 6 months or longer.* The record(s) must not be more than six months old when submitted with your application and must be the original.

*If you have a current work, student or resident visa issued by the New Zealand government, supplying a notarised copy of this visa will be sufficient to meet the overseas police clearance requirement.

NOTE: A conviction does not necessarily preclude the granting of registration. Any convictions will be considered by the Board on a case-by-case basis. If you have a conviction, you should also submit an explanatory letter about the conviction to the Board.

Section 1.1 - Personal Details

Proof of Personal Details

You **MUST** provide either a notarised copy of your Birth Certificate or a notarised copy of your Passport identity page as proof of your identity.

Evidence of change of name

If your name is different on any supporting document (e.g. degree certificate) from that listed in this section, you **MUST** provide a notarised copy of evidence of your change of name (e.g. marriage certificate, deed poll, divorce papers etc).

1.1.1	Title	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other
1.1.2	Family Name	
1.1.3	Given Names	
1.1.4	Have you been known by any other name?	
1.1.5	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
1.1.6	Date of Birth	/ / (dd) / (mm) / (yyyy)
1.1.7	Country of Birth	
1.1.8	Ethnicity Please tick the ethnic category which is most appropriate to you	<input type="checkbox"/> New Zealand European / Pākehā <input type="checkbox"/> English <input type="checkbox"/> Maori <input type="checkbox"/> Indian <input type="checkbox"/> Cook Island Maori <input type="checkbox"/> Japanese <input type="checkbox"/> Australian <input type="checkbox"/> Korean <input type="checkbox"/> American <input type="checkbox"/> South African <input type="checkbox"/> Canadian <input type="checkbox"/> Other – Please write below

Section 1.2 – Notarised Passport Size Photograph

(please staple photo here)

The person notarising the photograph must:

- be a person who has legal authority to do so; and
- write the words “This is a true likeness of (applicant’s full name)” on the back of the photograph; and
- sign the back of the photograph.

Section 1.3 – Contact Details

Section 1.3a –Addresses

1.3.1	Residential Address	<hr/> <hr/>
1.3.2	Work Address	<hr/> <hr/>
1.3.3	Postal Address	<input type="checkbox"/> Residential <input type="checkbox"/> Work <input type="checkbox"/> Other, Please write below, including postcode <hr/> <hr/>

Section 1.3b – Electronic access

1.3.4	Telephone	B/H: <hr/> A/H: <hr/> Mobile: <hr/>
1.3.5	Email (this is essential)	

Part 1 Checklist

- Criminal history records-Original document
- Notarised copy of visa if applicable
- Notarised copy of Birth Certificate or Passport identity page
- Notarised photograph
- Evidence of change of name if applicable

PART 2 – FITNESS TO PRACTISE

Section 2.1 – Fitness for Registration

To satisfy Section 16 of the *Health Practitioners Competence Assurance Act 2003* the Board is required to satisfy itself of the following in relation to an applicant's fitness for registration.

2.1.1	<p>Are you able to communicate effectively in order to practise?</p> <p>Are you able to communicate in and comprehend English sufficiently to protect the health and safety of the public?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answer NO to either part of this question please contact the Registrar for details on the requirements.</p>
2.1.2	<p>Have you been convicted in any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answer YES you must provide written details.</p>
2.1.3	<p>Do you suffer from any ongoing medical condition (mental or physical – including substance abuse or dependence) of which you are aware and that you know or ought reasonably to know, adversely affects your ability to practise?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answer YES you must provide written details.</p>
2.1.4	<p>Have you been registered under any corresponding law applying to chiropractic in New Zealand or elsewhere and had that registration affected by an undertaking, the imposition of conditions, suspension or cancellation?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answer YES you must provide written details.</p>
2.1.5	<p>Are you currently under investigation in New Zealand or elsewhere in respect of any matter that may be the subject of professional disciplinary proceedings?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answer YES you must provide written details.</p>
2.1.6	<p>Are you the subject of an order of a professional disciplinary tribunal in New Zealand or elsewhere or to an order of an educational institution?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answer YES you must provide written details.</p>

PART 3 – PROFESSIONAL HISTORY

Section 3.1 – Chiropractic Education

Graduation Certificates

You **MUST** provide a notarised copy of your Graduate Certificate/s

New Graduate

If you are a new graduate from the New Zealand College of Chiropractic, the Board will have verification of your graduation. If you are a new graduate from any other program, you will need to arrange for an original letter of verification to be provided in an unopened envelope.

3.1.1	What is the title of your chiropractic degree? (e.g. B App Sc (Chiropractic) / Doctor of Chiropractic)	
3.1.2	What is the name of your awarding institution?	
3.1.3	What year was your degree awarded?	

Section 3.2 – Registration Overseas (other than Australia)

If you have registered as a Chiropractor in any other jurisdiction you will need to arrange for a Certificate of Good Standing to be sent directly to the Board from each jurisdiction you have registered with. If you are registered in Australia, do not complete this application, please complete the TTMR application available on the Board's website www.chiropracticboard.org.nz.

3.2.1	Have you been registered as a chiropractor in any other jurisdiction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, list what jurisdictions:

Section 3.3 – Written References

The Chiropractic Board, in order to satisfy its requirements under the Health Practitioners Competence Assurance Act 2003, must insure that an applicant is competent and fit to be registered. To assist this decision the Board requires two professional references, from registered chiropractors. References from family members will not be accepted.

Professional references must include the following:

- 1) The applicant's full name;
- 2) How long and in what circumstances the referee has known the applicant;
- 3) The referee's opinion of the character and integrity of the applicant, stating in particular:
 - (a) What reasons relating to character, integrity, reliability and diligence, in the referee's opinion, make the applicant suitable to register as a chiropractor in New Zealand;
 - (b) Whether there are any factors known to the referee that would or might be against the registration of the applicant in New Zealand, in particular, any professional, competency or fitness to practise issues relating to the applicant.

The referees must include their contact details.

If you are a new graduate, references may be supplied by clinic tutors.

Part 3 Checklist

- Notarised copy of Graduation Certificate or arranged for letter if new graduate
- Certificates of Good Standing sent directly to Board if applicable
- Attached two references

PART 4 – STATUTORY DECLARATION

CONSIDER THE DECLARATION BELOW CAREFULLY, BEFORE YOU SIGN.

I solemnly and sincerely declare that:

1. All of the information provided with this application is true and correct in every particular and detail.
2. I will provide the Chiropractic Board with any such further information as it may require.
3. I do not have a mental or physical condition that precludes me functioning as a safe and competent practitioner.
4. I know of no information that could cause the Chiropractic Board not to be satisfied that I am a fit and competent person to be registered.
5. I have read, understand and will abide by the Standards of Practice and Code of Ethics; and will practise within the Scope of Practice. (documents available on Board website)

I _____
(full name)

of _____
(insert place of residence)

make this solemn declaration conscientiously believing the same to be true and by virtue of the *Oaths and Declarations Act 1957*.

Declared at _____

this _____ day of _____ 20____

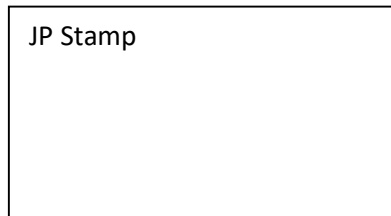
before me _____
Full Name (Justice of the Peace or other person authorised to take a statutory declaration)

Position _____

Address _____

Applicant signature _____

Verifying person's signature _____



Note: If the statutory declaration is made in New Zealand, it must be made before a person entitled under the *Oaths and Declarations Act 1957* to take statutory declarations (Justice of the Peace, Solicitor, Notary Public, Registrar of the High Court or any District Council, any member of Parliament or police officer with the rank of sergeant or higher).

PART 5 – PAYMENT

Please ensure all provided details are correct. Chiropractic Board GST No. 73 081 076

CREDIT CARD PAYMENT

Please debit my (tick one) Visa Debit Card Master Card for the following amount/s:

- \$153 Registration Fee +
- \$1244.80 Annual Practising Certificate (Applying between 1 April and 31 October. Fee includes \$241.55 Disciplinary Levy)
- \$495.68 Annual Practising Certificate (Applying between 1 November and 31 March - first time APC only. Fee includes \$87.68 Disciplinary Levy)
- \$30 Registration Certificate

Total to be debited: \$ _____

Credit Card Number:

Expiry Date: _____ / _____ (month/year)

Cardholder's Name: _____

Cardholder's Signature: _____

Date: _____

Direct credit payment to Chiropractic Board bank account by special arrangement only.

REMEMBER TO KEEP COPIES OF YOUR APPLICATION FORM AND ALL ACCOMPANYING DOCUMENTS

Post this application and supporting documentation to:

The Registrar
Chiropractic Board
P O Box 9644
Wellington 6141
New Zealand

Office Use Only

Registration No. _____

Amount Paid \$ _____ Payment Method Debit card M'card Visa

Approval No: _____ Cheque Clearance Date: _____

Payment for:

App Reg APC Reg Cert Other _____

Entered on Database

Signed _____ Date _____