



HPCAA REGISTRATION

Application to be Restored to the Register of Psychologists

Under the Health Practitioners Competence Assurance Act 2003

N.B.: This application may only be used by a person whose entry in the Register of Psychologists was cancelled under section 143(3), or section 144(3 or 5) of the Health Practitioners Competence Assurance Act (2003). If you are unsure of how your previous registration was cancelled, please contact us: (info@nzpb.org.nz)

PERSONAL DETAILS

(Please print clearly and complete each section below)

1. **Title:** Mr Mrs Ms Miss Dr Other title: _____ 2. **Previous NZ Registration # (if known):** 90-0 _____

3. **Gender:** Male Female Gender Diverse 4. **Date of Birth:** _____

5. **Full Name:** _____
Given/First Names Family/Surname (Please underline your Surname)

6. **Previous Name(s):** _____
(If applicable, enclose relevant documents - see checklist below)

7. **Date of Name Change:** _____

8. **Ethnicity:** (Tick and complete the category most appropriate for you. This data will help the Ministry of Health monitor psychology workforce trends.)

Māori (Specify iwi) _____

New Zealand European Other European (Specify) _____

Pacific (Specify) _____ Other Ethnic Group (Specify) _____

CONTACT DETAILS - Please complete all address fields (as required by section 140 of the HPCA Act)

9. **Postal (Mail) Address:** _____

10. **Residential (Street) Address:** _____

11. **Work Address:** _____

12. **Phone and Email Details:** (Include country/area codes) Telephone (Home) _____ Mobile _____

Telephone (Work) _____

Email Address(s) (Print clearly) _____

STATUTORY DECLARATION (UNDER THE OATHS AND DECLARATIONS ACT 1957)

13. Please review the following information before completing the declaration below:

Fitness for registration (section 16 of the HPCA Act)

No applicant for registration may be registered as a health practitioner of a health profession if--

- (a) he or she does not satisfy the responsible authority that he or she is able to communicate effectively for the purposes of practising within the scope of practice in respect of which the applicant seeks to be, or agrees to be, registered; or
- (b) he or she does not satisfy the responsible authority that his or her ability to communicate in and comprehend English is sufficient to protect the health and safety of the public; or
- (c) he or she has been convicted by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer, and he or she does not satisfy the responsible authority that, having regard to all the circumstances, including the time that has elapsed since the conviction, the offence does not reflect adversely on his or her fitness to practise as a health practitioner of that profession; or
- (d) the responsible authority is satisfied that the applicant is unable to perform the functions required for the practice of that profession because of some mental or physical condition; or



HPCAA REGISTRATION APPLICATION CHECKLIST

IMPORTANT: PLEASE READ THIS NOTICE BEFORE SENDING IN YOUR APPLICATION.

All documents supporting your application for restoration to the Register must be the original or certified copies of originals and must be in English. A certified copy is a direct copy (photocopy) of an original document that is certified as a true copy of the original by an official with the necessary legal power to take statutory declarations in the applicant's country. Certification requires that the official signs with his or her name, position and official seal (where applicable) clearly visible by the signature.

An incomplete application will NOT be processed by the Psychologists Board. Failure to provide the correct specified documentation will cause processing delays.

The processing of your application will normally be completed within 4 weeks of receipt of a complete application.

CHECK LIST

APPLICANTS MUST INCLUDE THE FOLLOWING DOCUMENTATION (Tick the box as you check your documents for enclosure with this form)

- (Items 6 & 7): Evidence of any name change (e.g., Marriage Certificate) *if applicable*.
 - (Item 13) A Police Clearance Certificate **not more than six months old** (i.e., FBI Criminal Conviction Information/Fingerprint Information in the USA, Police Clearance Certificate from South Africa, NIS Criminal Record Information Certificate from the UK) or equivalent document from any country you have lived in within the past **five** years to inform the Board about any convictions you may have had in your former country/countries of residence.
-