



This form is to be used by registered psychologists who are applying for one of the following vocational scopes of practice.

The New Zealand Psychologists Board urges all psychologists to carefully consider the implications of holding a vocational scope of practice before making application. Psychologists are bound by their Code of Ethics to practise only in those areas in which they are demonstrably competent, and to maintain competence in their area(s) of practice.

CONTACT DETAILS

Full Name: _____ Registration No: 90-_____

Email Address: _____

APPLICATION

Vocational Scope of Practice you are applying for:

☐ **Clinical Psychologist** ☐ **Counselling Psychologist** ☐ **Educational Psychologist** ☐ **Neuropsychologist**

1. Are you currently registered in the "Psychologist" scope of practice?

- (a) **NO** You must be registered in the Psychologist scope before applying for a vocational scope of practice. Please contact the Board's Deputy Registrar or refer to our website for details (www.psychologistsboard.org.nz).
- (b) **YES** [Go to 2](#)

2. Do you hold a New Zealand Post-Graduate Diploma relevant to the vocational scope of practice you are applying for?

- (a) **NO** [Go to 3](#)
- (b) **YES** Please attach a certified copy of the qualification or a full academic transcript to this application. [Go to 5](#)

3. Do you hold an overseas qualification(s) that you wish the Board to consider as equivalent to the relevant New Zealand Post-Graduate Diploma?

- (a) **NO** [Go to 4](#)
- (b) **YES** Please submit evidence of equivalence as specified on the attached scopes qualification information. [Go to 5](#)

4. It does not appear that you qualify for this Vocational Scope of Practice. Please contact the Board's Registrar if you still wish to pursue your application. An individual assessment may be granted in some circumstances.

5. Have there been any competence notifications or complaints about you or your work in New Zealand or in any other country?

- (a) **NO** [Go to 6](#)
- (b) **YES** Please attach the following details to this application:
- Who the competence notification or complaint was made to (e.g., the HDC, the Psychologists Board, your employer);
 - When the competence notification or complaint was made, and when it was concluded;
 - What type of investigation into the notification or complaint took place;
 - What was the outcome of the notification or complaint (e.g., no further action, competence review, disciplinary measures, suspension.)
- [Go to 6](#)

6. Please sign this form and submit all three pages of it along with the appropriate application fee and the following supporting documents (as applicable):

- (a) A certified copy of your academic qualification or transcript;
- (b) Evidence of qualification equivalence;
- (c) Details of any current or past competence notifications or complaints.

DECLARATION MADE ON APPLICATION FOR A VOCATIONAL SCOPE OF PRACTICE

If the following declaration is made in New Zealand, it must be made before a person entitled under the Oaths and Declarations Act 1957 to take such declarations (e.g., a Justice of the Peace, Solicitor, Notary Public, Registrar or Deputy Registrar of the High Court or any District Council, authorised officer in the service of the Crown, or any member of Parliament). Please carefully consider the declaration before you sign it.

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 Psychologists Board with any such further information as it may require;
- 3. I am fit for registration as defined under Section 16 of the Health Practitioners Competence Assurance Act 2003 and I know of no information that could cause the Psychologists Board not to be satisfied that I am of good character and reputation and am a fit and proper person to be registered;
- 4. I do not have a mental or physical condition that precludes me functioning as a safe and competent practitioner;
- 5. I believe I qualify for the scope of practice that I seek to be registered within, and that I am competent to practice within that scope of practice.
- 6. Having considered carefully the rights and responsibilities it will impose, I wish to formally apply for the (delete as required) **CLINICAL PSYCHOLOGIST / COUNSELLING PSYCHOLOGIST / EDUCATIONAL PSYCHOLOGIST / NEUROPSYCHOLOGIST** vocational scope of practice, and have appended hereto the required evidence of my competence in this area of practice. I authorise the Psychologists Board to contact my psychology supervisor.

Signed by _____ Signature _____
(Full Name of Applicant) (Signature of Applicant)

Postal Address: _____

Declared at: _____ this _____ day of _____ 20 _____

In the presence of: _____ Signature: _____
(Full Name and Signature of person authorised to take a Statutory Declaration)

Address: _____

Occupation: _____

NOTE FOR APPLICANTS: Applications will not be processed by the Psychologists Board until payment has been received and they are otherwise declared complete.

APPLICATION FEE

The full and correct application fee must accompany this application form. The fee is non-refundable whatever the outcome of the application. The Board's GST number is 73-081-238.

Cheques and bank drafts must be in New Zealand dollars and made out to "Psychologists Board".

Payment by credit card: Please debit my ☐ Visa or ☐ MasterCard - the amount of **either**:

☐ **NZ\$540.00 (including GST) – if you completed your training as a psychologist in New Zealand, Canada, South Africa, the United Kingdom, or the United States of America.**

☐ **NZ\$900.00 (including GST) – if you completed your training as a psychologist in any other country.**

Card number

Expiry date

Cardholder's name _____ Cardholder's signature _____ Date _____

SEND COMPLETED APPLICATION FORMS TO	ENQUIRIES TO
<p>New Zealand Psychologists Board</p> <p>Post PO Box 9644 Marion Square Wellington 6141 New Zealand</p> <p>Courier Level 5 22 Willeston Street Wellington 6011 New Zealand</p>	<p>New Zealand Psychologists Board</p> <p>Telephone (64 4) 471 4580 0800 471 4580</p> <p>Email: registration@nzpb.org.nz</p>

<u>For office use only</u>	DC Date paid	CC CC authorisation	Dbase updated	Receipt sent	Approved	Date