



Application for ANNUAL PRACTISING CERTIFICATE 2009-2010

(or non practising status)

Reg No.

Qualifications:

Registration status:

Speciality:

Conditions on practice:

Honours:

Before completing this form please read the enclosed guidance notes. If you need help, please email [vet@vetcouncil.org.nz](mailto:veter@vetcouncil.org.nz) or phone **04 4739600**. **Please return the completed form with payment by 28 February 2009 to be eligible for the rebated fee or by 24 March 2009 for renewal at the full fee rate.**

1. Contact Details

Please check the details, above and below, and mark changes in clear block letters. You must provide evidence of name changes, and certified evidence of honours and additional qualifications.

Contact Address:

Postcode:

Practice Name:

Business Phone:

Home Phone:

Cell Phone:

Email:

Fax:

Print changes in this column

VETERINARY COUNCIL OF NEW ZEALAND, PO BOX 10711, WELLINGTON, PH: 04 473 9600, FAX: 04 473 8869

Please attach this remittance with your payment & completed forms

VCNZ GST No. 13-157-603

Name:

Registration no:

Amount Payable

Discounted amount if payment received by 28 February 2009

Full amount if payment received after 28 February 2009

Note: Non-discounted payment due no later than 24 March 2009

Payment Method

Cheque enclosed

Cheque number

Payable to Veterinary Council of New Zealand

Direct Credit

Date

Bank Account 02-0506-0072992-00

Include Registration No. as reference

Credit Card no. (Visa or Mastercard)

Expiry Date

Name on Card: Cardholders Signature:

Your tax invoice/receipt will be issued with the annual practising certificate when payment is received.

2. Public Register Information

Your contact address, practice name, phone, fax, and email details can only be included in the published register if you agree. Tick either Yes or NO to all of these questions

I agree to the following details being published in the public online Register

- Contact address: Yes No
Practice name: Yes No
Phone (bus): Yes No
Phone (home): Yes No
Cellphone: Yes No
Email: Yes No

3. Intentions for 2009/10

Please tick the appropriate box

- I intend to practise in New Zealand during the period ending 31 March 2010 and hereby apply for an APC
Go to Section 4
- I am not intending to practise in New Zealand during the period ending 31 March 2010 but wish to remain on the Register and have enclosed the \$56.25 non practising fee
Go to Section 7
- I am permanently retired from practice but wish to remain on the register as non practicing with no fee.
 Yes No
Go to Section 8
- I am not practising in New Zealand and hereby apply to have my registration put on hold
Go to Section 8

4. Recent Practice

- 4.1** Have you worked as a veterinarian during the last five years?
 Yes
 No (please provide information on your future practice intentions, CPD activity and practice experience)
- 4.2** During the previous year did you resume work in a field of activity you had not practised in for five or more years?
 Yes (please provide details on the new field and the upskilling undertaken)
 No
- 4.3** Are you seeking to resume work in a field of activity you have not practised in during the last five years?
 Yes (please provide information on your future practice intentions, CPD activity and practice experience)
 No

5. Overseas Practice

- 5.1** Have you practised outside NZ or Australia since you were last issued with an APC?
 No
 Yes (if yes, please list the countries where you practised and

arrange for a letter of good standing from each overseas jurisdiction that you have been registered with to be sent directly to the Veterinary Council)

- 5.2** Have you practised in Australia since you were last issued with an APC?
 No
 Yes (if yes, please list the Australian jurisdiction you practised in)

Can the Council verify your good standing status with the Australian Board?

- Yes
 No (If no please arrange for a letter of good standing to be sent directly to the Council from the Australian Board)

6. Fitness to practise

Tick either 'Yes' or 'No' to ALL of these questions. (If yes, please refer to 3(f) of the Guidance Notes for the information required.)

Since you were last issued an APC in New Zealand, have you been subject to:

- 6.1** Any investigations, in New Zealand or overseas, by an employer, or registration or professional body or educational institution relating to any matter that may be the subject of professional disciplinary proceedings?
 Yes No
- 6.2** A formal competence enquiry by an employer or registration body?
 Yes No
- 6.3** An adverse finding in any disciplinary actions by an employer, registration or professional body?
 Yes No
- 6.4** A police investigation and/or guilty finding in any criminal proceeding (including traffic offences involving alcohol and/or drugs)?
 Yes No
- 6.5** Any new or continuing mental or physical condition with the potential to affect your fitness to practise such as neurological, psychiatric, depressive or addictive (drugs or alcohol) disorders including physical deterioration due to injury, disease or degeneration?
 No
 Yes – I have previously disclosed my medical condition to the Council and this situation remains unchanged.
 Yes – this is a new condition (Please refer to 3(f) of the Guidance Notes for the information required).
Can the Council's Registrar contact your treating practitioner(s) for further information?
 Yes
 No – I prefer the Registrar to contact me first.

