



Application for ANNUAL PRACTISING CERTIFICATE 2010-2011 (or retention on the Register of Veterinarians)

Name:

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 or phone **04 473 9600**
Please return the completed form with payment by 26 February 2010 to be eligible for the rebated fee or by 24 March 2010 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:

Email:

Practice Name:

Business Phone:

Home Phone:

Cell Phone:

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 and completed forms

VCNZ GST No. 13-157-603

Name:

Registration no:

Amount Payable

Discounted amount if payment received by 26 February 2010

\$

Full amount if payment received after 26 February 2010

\$

Note: Non-discounted payment due no later than 24 March 2010

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 .

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

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

3. Intentions for 2010/11

Please tick the appropriate box

- I intend to practise in New Zealand during the period ending 31 March 2011 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 2011 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 practising with no fee.

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 Please complete ALL parts of the question

4.1 Have you worked as a veterinarian during the last five years?

- Yes
 No (please attach 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 attach details on the new field of work 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 attach information on your future practice intentions, CPD activity and practice experience)
 No

5. Overseas Practice. Please complete ALL parts of the question

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 Council)

5.2 Have you practised in Australia since you were last issued with an APC?

- No
 Yes (if yes, please list the Australian jurisdictions 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.

6.5 Continued

Name of Health Practitioner: _____

Contact details of Health Practitioner: _____

7. Continuing Professional Development (CPD) Record Sheet

Please complete the record sheet below or attach your own record of CPD completed 1 January - 31 December 2009
(total requirement is 60 points over three years)

ACTIVITY	Date	Event	Duration	Points value	Points
1. Structured (15 points over 3 yrs)					
University CPD courses	_____	_____	_____	1 hr=1 pt	_____
Postgraduate courses	_____	_____	_____	1 hr=1 pt	_____
Conferences, seminars	_____	_____	_____	1 hr=1 pt	_____
Presentation and/or publication of papers	_____	_____	_____	1 hr lecture = 5 pts	_____
Other professional presentations	_____	_____	_____	1 hr=1 pt	_____
Correspondence courses	_____	_____	_____	2 hrs=1 pt	_____
Written assessment tests	_____	_____	_____	1 test=1 pt	_____
Assessed audio/video tapes /information technology	_____	_____	_____	2 hrs=1 pt	_____
				SUB-TOTAL	_____
2. Unstructured (45 points over 3 yrs)					
In-practice training & instruction	_____	_____	_____		
(i) new graduates: (restricted to 20 points over 3 years)	_____	_____	_____	1 wk=1 pt	_____
(ii) new field:	_____	_____	_____	1 wk=1 pt	_____
(iii) training with specialist:	_____	_____	_____	2 hrs=1 pt	_____
(iv) collegial discussion:	_____	_____	_____	2 hrs=1 pt	_____
(v) foreign graduates for NVE:	_____	_____	_____	1 wk=1 pt	_____
(vi) undergraduate supervision:	_____	_____	_____	1 day=1 pt	_____
Reading	_____	_____	_____	2 hrs=1 pt	_____
Non-assessed audio/video tapes /information technology	_____	_____	_____	2 hrs=1 pt	_____
Preparation of non-refereed papers or talk to non-vet groups	_____	_____	_____	1 hr=2 pts	_____
				SUB-TOTAL	_____
				TOTAL POINTS	_____

The information on this page will be stored at the Council offices. The points data (structured and unstructured) will be entered in your record on the Council database, but will not be available to the public. Generalised CPD statistics across the profession may be produced from time to time.

8. Declaration

I hereby declare that:

- I am aware of Council's expectations of veterinarians as set out in the VCNZ Code of Professional Conduct and Competency Standards
- I understand that extracts of the public Register may be provided by VCNZ to appropriate organisations from time to time
- The information I have given in this application is true and correct

Signed _____ Date _____

That completes the APC application. Please complete the Workforce survey on the next page

9 2009 WORKFORCE SURVEY

The following information will be used for statistical and research purposes and will not be published in a form that could identify any individual. Refer to 3(i) of the Guidance Notes for advice on completing the survey

9.1 Were you engaged in veterinary practice (which includes non-clinical work) in New Zealand during the year ended 31 December 2009?

- Yes – Go to Question 9.2
- No – There are no more questions

9.2 Workplace Location

Please enter the physical address where you mostly practised from in 2009. Please complete all fields

Practice Name, Branch or Organisation _____

Physical Address _____

Post Code: _____

9.3 Complete the following columns based on a typical working week. Use ONLY the codes provided below. Use only ONE worktype code per column

	Most Hours Worked		Least hours worked		
Employment code*					
Role Code*					
Work type code*					Additional hours worked per week in any other work types
Hours worked per week including hours doing work while on call		+		+	
* If other please specify	Total hours worked for the week			=	
	Hours on-call but not worked per week			=	

9.4 If the total number of hours worked in a typical week is less than 40, print a reason code here:

9.5 If you worked less than 46 weeks of the last 52, print a reason code here:

9.6 If you are thinking about **not** working as a veterinarian during the year commencing 1 April 2010 print a reason code here:

9.7 If you are applying for a practising certificate after a period of **not** working as a veterinarian in New Zealand print a reason for your period of absence here :

Employment codes	
CP	Club practice
IN	Industry
LA	Laboratory, diagnostic
MF	MAF or NZFSA
OG	Other government
OT	Other, please specify
PP	Group private practice
SE	Self employed (e.g. locum)
SO	SOE or Crown Institute
SP	Solo private practice
UN	University or tertiary

Role Codes	
CL	Clinician
CO	Consultant
ED	Education
MN	Management (use only if you were employed in a management role)
OT	Other, (please specify)
TE	Technical (eg MAF/ industry/lab)
Work Type Codes	
AV	Avian
AW	Animal welfare
BC	Beef cattle
CA	Companion animals
CO	Compliance
DC	Dairy cattle
DE	Deer
DI	Disease control

Work Type Codes continued	
EC	Export certification
EP	Epidemiology
EQ	Equine
LI	Lifestyle block animals
MI	Meat inspection
MX	Mixed practice
OT	Other, please specify
PA	Production animals
PH	Pharmaceutical
PI	Pigs
PM	Practice management
PO	Poultry
PT	Pathology
RE	Research
RG	Regulatory
SR	Small ruminants
TE	Teaching
WI	Wildlife

Reason Codes	
CO	Contract requirements
CW	Casual work (eg short term contracts)
DI	Difficulty obtaining work
FA	Family care
HE	Health
OE	Work overseas
OT	other, please specify
PL	Parental leave
PP	Personal preference
PT	Working part-time
RE	Retired or semi retired
ST	Study

Thank you for participating in the survey.

Please send the completed form and payment back intact in the reusable envelope by 26 February 2010 to be eligible for the rebated APC fee