



## Application for an ANNUAL PRACTISING CERTIFICATE (APC) 2017 - 18 (or retention on the Register of Veterinarians)

Before completing your application please read the Guidance Notes - [www.vetcouncil.org.nz/annualPracCert.php](http://www.vetcouncil.org.nz/annualPracCert.php)  
If you have any questions contact us at [vet@vetcouncil.org.nz](mailto:vet@vetcouncil.org.nz) or phone 04 473 9600.  
Please complete all parts of this form.

### 1. Personal and Contact Details

Surname	
First names	
Other names	VCNZ Registration number
Additional qualifications or honours	
If your names, additional qualifications or honours differ from those on the public Register of Veterinarians ( <a href="http://www.vetcouncil.org.nz/onlineReg.php">www.vetcouncil.org.nz/onlineReg.php</a> ) please provide evidence: e.g. certified copy of marriage certificate or qualification.	
Contact address	
Post code	
Phone(business)	Phone(home)
Mobile	Fax
Email	
Practice/Employer's Name	

Please include the location of your work if your employer/practice has more than one branch.  
If you're not associated with a particular practice or employer, please use the descriptor consultant, locum, self employed, retired or not currently practising.

### 1.1 Public register information

Your contact address, practice name, phone, fax and email details can only be included in the published online Register of Veterinarians if you agree. Please tick either yes or no to all of these questions.

I agree to the following details being published in the online Register of Veterinarians:

Contact address	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Phone (home)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Phone (bus)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Fax	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mobile	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Email	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Practice name	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					

### 2. Intentions for 2017/18

Please tick the appropriate box.

- 2.1  I intend to practise in New Zealand from 1 April 2017 and hereby apply for an APC.  
Go to Question 3
- 2.2  I'm not intending to practise in New Zealand during the practising year ending 31 March 2018 but wish to remain on the Register and have enclosed the \$18.00 non practising fee.  
Go to Question 6
- 2.3  I'm permanently retired from practice but wish to remain on the Register as non practising with no fee.  
Complete the declaration section at 8
- 2.4  I don't intend to practise in New Zealand and hereby apply to have my name removed from the Register of Veterinarians.  
Complete the declaration section at 8

### 3. Recency of Practice

Please complete ALL parts of this question

- 3.1 Are you a new graduate (i.e. completed the course requirements for your primary veterinary qualification within the last 12 months)?
- No
- Yes  Go to Question 4
- 3.2 Have you worked as a veterinarian during the last three years?
- No  You need to provide additional information. Please refer to 3(d) of the Guidance Notes
- Yes
- 3.3 During the previous year did you work in a field of activity you've never practised in or haven't practised in during the last three years?
- No
- Yes  You need to provide additional information. Please refer to 3(d) of the Guidance Notes
- 3.4 Are you seeking to work in a field of activity you've never practised in or haven't practised in during the last three years?
- No
- Yes  You need to provide additional information. Please refer to 3(d) of the Guidance Notes

### 4. Overseas Practice

Please complete ALL parts of this question

- 4.1 Have you practised outside NZ since you were last issued with an APC?
- No
- 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. Fitness to Practise

Tick either 'Yes' or 'No' to ALL of these questions

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

- 5.1 Any investigations, in New Zealand or overseas, by an employer, or registration or professional body or educational institution or other authority (e.g. racing authority) relating to any matter that may be the subject of disciplinary proceedings?
- No
- Yes  You need to provide additional information. Please refer to 3(f) of the Guidance Notes
- 5.2 A formal competence enquiry by an employer or registration body?
- No
- Yes  You need to provide additional information. Please refer to 3(f) of the Guidance Notes
- 5.3 An adverse finding in any disciplinary actions by an employer, registration, professional body or other authority (e.g. racing authority)?
- No
- Yes  You need to provide additional information. Please refer to 3(f) of the Guidance Notes
- 5.4 A police investigation and/or guilty finding in any criminal proceeding (including traffic offences involving alcohol and/or drugs)?
- No
- Yes  You need to provide additional information. Please refer to 3(f) of the Guidance Notes
- 5.5 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  Go to Question 6
- Yes  Please answer each of the questions below
- 5.5.1 I've previously disclosed my medical condition to the Council and this remains unchanged Yes  No
- 5.5.2 I've previously disclosed my medical condition to the Council and this has worsened. If Yes, you need to provide additional information. Please refer to 3(f) of the Guidance Notes Yes  No
- 5.5.3 I'm disclosing a new condition to the Council. If Yes, you need to provide additional information. Please refer to 3(f) of the Guidance Notes Yes  No
- 5.5.4 Can the Council's Registrar contact your treating practitioner(s) for further information?
- No  I prefer the Registrar to contact me first
- Yes

If yes, please provide the details of your treating practitioner/s

Name	
Contact Details	

### 6. Continuing Professional Development (CPD)

Please print the number of CPD points you accumulated during the period 1 January 2016 to 31 December 2016 in each of the categories below. If you haven't completed any CPD enter zero. If you're a new graduate (i.e. gained your primary veterinary qualification within the last 12 months), you don't need to fully meet the CPD requirements, but you do need to record the CPD you have undertaken.

All vets need to retain detailed records and verifying evidence of CPD activities which may be required for compliance monitoring. Refer to [www.vetcouncil.org.nz/contProfDevel.php](http://www.vetcouncil.org.nz/contProfDevel.php) for further information on CPD.

Continuing Veterinary Education (CVE) 1/1/2016 to 31/12/2016	Collegial Learning Activities (CLA) 1/1/2016 to 31/12/2016	Self Directed Learning (SDL) 1/1/2016 to 31/12/2016	Total CPD Points 1/1/2016 to 31/12/2016

### 7. Compliance with Minimum Practising Standards (MPS)

Before answering these questions please read section 3(h) of the guidance notes. You can download the checklists from our website [here](#).

7.1 I am engaged in clinical practice

Yes

No  Go to section 8 declaration

Please answer both questions below

Yes - I comply with the standards set out in this checklist

No - I'm not complying with the standards set out in this checklist

7.2 I comply with the standards set out in the 2 MPS checklists below:

7.2.1 Communication and Informed Consent Yes  No

7.2.2 Records Yes  No

### 8. Declaration

I hereby declare that:

- I understand Council's expectations of veterinarians as set out in the VCNZ's *Code of Professional Conduct for Veterinarians and Continuing Professional Development: Information for Veterinarians*
- I understand that extracts of the public Register may be provided by the Council to appropriate organisations from time to time
- The information I have given in this application is true and correct

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

### 9. Fees and Payment

Your APC application must be accompanied by the fee and must be received by 29 March 2017. The APC fee for the full practising year ending 31 March 2018 is \$559, discounted to \$533 if your completed form and payment is received by 28 February 2017. APC fees are prorated on a quarterly basis, so if you're applying for a practising certificate during the year check the fees page on our website at [www.vetcouncil.org.nz/fees.php](http://www.vetcouncil.org.nz/fees.php) or ring the Council office on 04 473 9600.

If you're applying for a non-practising status the fee is \$18.00.

Payments can be made by cheque, credit card or direct credit. Please indicate your method of payment below.

Cheque attached (made payable to the Veterinary Council of New Zealand)

Credit card. Please record details below

Card type:  Mastercard  Visa Expiry date

Card Number

Cardholder's Name  Cardholder's Signature

Direct Credit. Please record details below

Deposit to Council's bank account 02-0506-0072992-00 and use your registration number and name as the reference.

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

# 2016 WORKFORCE SURVEY

**10. 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(k) of the Guidance Notes for advice on completing the survey.**

## 10.1 Your practising status in 2016

Were you engaged in veterinary practice (which includes non-clinical work) in New Zealand during the year ended 31 December 2016?

- No                      There are no more questions
- Yes                        Go to Question 10.2

## 10.2 Workplace Location

Please enter the physical address where you mostly practised from in 2016. Do NOT enter a PO Box. Please complete all fields.

Practice Name, Branch or Organisation	
Physical Address	
	Post Code

## 10.3 Employment, Roles, Work types and Hours worked

Complete the following columns based on a typical working week. Use ONLY the codes provided below. Use only ONE worktype code per column. Use the nearest whole number (NO decimal points).

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 =

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

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

**10.6** If you're thinking about not working as a veterinarian during the year commencing 1 April 2017 print a reason code here

**10.7** If you're applying for a practising certificate after a period of not working as a veterinarian in New Zealand print a reason code for your period of absence here

Employment codes	Role Codes	Work Type Codes continued	Reason Codes
CP Club practice	CL Clinician	EC Export certification	CO Contract requirements
IN Industry	CO Consultant	EQ Equine	CW Casual work (eg short term contracts)
LA Laboratory, diagnostic	ED Education	LI Lifestyle block animals	DI Difficulty obtaining work
MP MPI	MN Management (use only if you were employed in a management role)	MI Meat inspection	FA Family care
OG Other government	OT Other (please specify)	MX * <b>Mixed practice</b>	HE Health
OT Other (please specify)	TE Technical (eg MPI/ industry/lab)	OT Other (please specify)	OE Work overseas
PP Group private practice		PA * <b>Production animals</b>	OT Other (please specify)
SE Self employed (eg locum, contractor or consultant)		PH Pharmaceutical	PL Parental leave
SO SOE or Crown Institute		PI Pigs	PP Personal preference
SP Solo private practice		PM Practice management	PT Working part-time
UN University or tertiary		PO Poultry	RE Retired or semi retired
		PT Pathology	ST Study
		RE Research	
		RG * <b>Regulatory</b>	
		SR Small ruminants	
		TE Teaching	
		WI Wildlife	

\* Use these general codes only if you cannot record all your work types using the other detailed codes, or it is too difficult to assign hours worked to each work type

**Thank you for participating in the survey**

Please forward your completed application form with the fee to the VCNZ office, PO Box 10-563, Wellington, 6143  
Your application will be processed within 14 days. A GST receipt will be sent to you on receipt of your fee. On approval your APC will be sent.