



# Application for registration as a Veterinary Specialist in New Zealand

(Under the Veterinarians Act, 2005)

## Specialist Registration Procedures

The Veterinary Council of New Zealand (VCNZ) considers and makes decisions on applications for specialist registration, following an assessment of the applicant's qualifications, training and experience conducted on its behalf by the Advisory Committee on the Registration of Veterinary Specialists (ACRVS).

There are therefore two steps to the specialist registration application process:

- Direct application to the Australasian Veterinary Board's VCNZ (AVBC) for assessment of your qualifications, training and experience by ACRVS. Refer to the AVBC website <http://www.avbc.asn.au/special.htm> for the current *Specialist Registration Information Booklet*, application form and assessment fee
- (following receipt of the ACRVS assessment) direct application to VCNZ, using this form, for consideration of your specialist registration application

## Who should use this form?

Only use this form if:

- You are already registered as a veterinarian in New Zealand; and
- You have applied for, and received advice of the outcome of, the ACRVS assessment of your qualifications, training and experience.

Those who are already registered as veterinary specialists in Australia can apply for (general) and specialist registration in New Zealand under TTMRA, using the [TTMRA Specialist Application form](#).

Those who are not already registered as a veterinarian in New Zealand should first apply for registration using the general registration [Application form](#)

Both forms are also available on request from the Veterinary Council office.

## Application Process

You need to complete the following application form and send it with the required fee and documentation to VCNZ.

Note that VCNZ cannot process your application until it has received from AVBC:

- Copies of your assessment application, supporting documentation and any other information requested and received by ACRVS
- Advice of the outcome of the ACRVS assessment

The final registration decision is made by VCNZ, however it will give careful consideration to the ACRVS assessment and recommendations.

In circumstances where ACRVS has not recommended specialist registration you have the option of appealing this assessment, by completing and forwarding this specialist registration application form for VCNZ consideration. You should include reasons why you disagree with the ACRVS assessment.

The current specialist registration application fee is NZ\$314.00.

## Important notes

This application form is a legal document. Please print all answers clearly and **do not** use correction fluid or tape. Any error should be crossed out and initialled.

All applicants must complete the application carefully and honestly. If you provide false or misleading information your registration may be cancelled.

## Please forward your completed application to:

The Registrar  
Veterinary Council of New Zealand  
P O Box 10-563, Wellington, New Zealand, 6143

Please remove this cover page before  
submitting your application.

# Registration application - veterinary specialist

(Under the Veterinarians Act, 2005)

## Complete all parts.

Please complete the application carefully and honestly. If you provide false or misleading information your registration may be cancelled.

### Name

Forenames or given names: .....

Family or last name: .....

Other names: .....

If names differ from those you are registered under as a veterinarian, please tick the box to show the reason and provide documentary evidence of a name change.

Marriage  Deed poll  Common use

Other  (explain) .....

### Identification (please attach a copy of the photograph and identification page/s of your passport or NZ drivers license)

Birthplace: ..... Birth date (dd/mm/yyyy): .....

Gender: Male  Female

### Contact details (Note that veterinarians have a statutory obligation under Section 23(3)(a) of the Veterinarians Act 2005 to advise VCNZ of address changes within one month of the change)

Contact address: .....

.....

..... Post code: .....

Phone (bus): ..... Phone (home): .....

Email: ..... Cell phone: .....

### Specialty (Please state the name of the specialist branch you are seeking registration in)

.....

### Name and address of the veterinary clinic where you are/will be working

(Under the Veterinarians Act 2005) veterinarians are required to provide the name of their practice).

.....

Address: .....

.....

**Specialty training** (Please note that in considering your application VCNZ will have access to the assessment application you provided to ACRVS, the supporting documentation and any other information requested and received by ACRVS)

Name/s of specialist qualification/s:

Abbreviated name/s:

.....  
 .....  
 .....

.....  
 .....  
 .....

Name of certifying body:

Date Awarded:

.....  
 .....  
 .....

.....  
 .....  
 .....

Name and nature of supervised training programme:

Full or part time:

.....  
 .....  
 .....

Length of programme:

.....  
 .....

**Practice experience** (Please attach an updated CV if your situation has changed since the assessment conducted by ACRVS)

**Overseas Practice** (please provide details of any current or previous registrations in other countries. If you have been practising outside New Zealand since you were last issued with an annual practising certificate, please arrange for a letter of good standing to be sent directly to VCNZ from every jurisdiction you have practised in)

Country/state	Date registered	Type of specialist registration (state specialty branch)	Registration status
---------------	-----------------	--	---------------------

.....  
 .....  
 .....

**Fitness for specialist registration**

Please tick yes or no to all of the questions below.

**Mental and physical condition**

Since you were last issued with an annual practising certificate in New Zealand have you been affected by any new or continuing mental or physical condition with the potential to affect your fitness to practise? This includes neurological, psychiatric or addictive (drugs or alcohol) disorders (including physical deterioration due to injury, disease or degeneration).

Yes  No

If yes, please provide full details on a separate sheet.

**Police investigations and convictions**

Since you were last issued with an annual practising certificate in New Zealand have you been, or are you now, subject to a police investigation and/or guilty finding in any criminal proceedings (including traffic offences involving alcohol and/or drugs)?

Yes  No

If yes, please provide full details on a separate sheet and attach a certified copy of your conviction history.

**Conduct/character**

Since you were last issued with an annual practising certificate in New Zealand have you been, or are you now the subject of, any investigation by an employer or registration or professional body or educational institution or any other authority in respect of any matter that was or may be the subject of disciplinary proceedings?

Yes  No

If yes, please provide full details on a separate sheet.

**Professional competence**

Since you were last issued with an annual practising certificate in New Zealand have you been or are you now subject to a competence enquiry by an employer or registration body?

Yes  No

If yes, please provide full details on a separate sheet.

**Payment advice**

Attached is my cheque for NZ\$ ..... , or;

Please charge: Visa  MasterCard

Name on card: .....

Card number: ..... Expiry date: .....

**Declaration**

I understand that under the Veterinarians Act my specialist registration may be cancelled if I make a false or misleading representation or declaration or I was not entitled to be registered as a specialist.

I agree to VCNZ obtaining further information from me or any person or organisation concerning this specialist registration application and consent to the collection of such information by VCNZ or its agents.

I solemnly and sincerely declare that I am the person who is applying for registration as a veterinary specialist in New Zealand, that I am the person named in the documents provided to inform the ACRVS assessment of my qualifications, training and experience and that the information I have given to ACVRS and VCNZ is true and correct.

Signed: ..... (applicant's signature)

Declared at ..... on this ..... day of ..... in the year of .....

## Applicant's checklist

Please use the checklist below to ensure you have enclosed, or arranged for the provision of, all the required documents and fees. **Incomplete applications may be returned you for completion.**

### Please include with this application:

- If relevant, documentary evidence of name change
- a copy of the identification/photograph page/s of your passport or NZ drivers license
- if relevant, a curriculum vitae (only required if your situation has changed since the assessment
- conducted by ACRVS)
- if relevant, copies of letters of good standing, from the registration body in every jurisdiction you have practised in since you were last issued with a NZ practising certificate, the originals of which you have arranged to be sent directly to VCNZ
- one off registration application fee of NZ\$314.00 (to process your application)
- if relevant, details on any mental or physical condition or impairment, police investigations, convictions, disciplinary proceedings and competency enquiries