

Register Information

Name _____ Registration No: _____

Chiropractors are required to promptly inform the Board of any changes of address.
Please use this section to notify the Board of changes:

Residential Address:	Postal Address:	Work Address: (Where Applicable)

Work telephone number: (Please include area code)

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E-mail address: (Please print clearly)

***Work address and work telephone number are part of the Public Register. You may object to the publication of this information by putting your objection in writing to the Board.**

Change of name: Within 1 month after a health practitioner changes his or her name, the practitioner must give the Registrar written notice of the practitioner's new name. You must send the Board a notarised copy of the name change document (marriage certificate) or statutory declaration as evidence of your name change.

Practitioner's Check list:

Completed Application (signed and dated)

Completed Remittance Advice

Cheque or credit card details enclosed

Completed Register Information



NEW ZEALAND
CHIROPRACTIC BOARD
TE POARI KAIKOROHITI O AOTEAROA

First & Final Notice

This notice becomes a tax invoice when paid
GST No: 73-081-076

Renewal Notice for Annual Practising Certificate 2016/2017

Your current Annual Practising Certificate (APC) expires on the 31st of March 2016. It is illegal to practise without a current practising certificate and you must not practise chiropractic on or after the 1st of April 2016 unless you have a 2016-2017 APC.

You must hold an APC if you intend to practise as a chiropractor in New Zealand for all or part of the year 1 April 2016 to 31 March 2017.

The fee for the APC is \$1,124.00 (incl. GST).

Payment may be made by cheque (payable to the Chiropractic Board) or credit card (MasterCard or VISA).

To ensure you receive your APC before 1 April 2016 the Board must receive your completed application form and payment by **Thursday, 24th March 2016**.

If you fail to renew your APC prior to 31st March 2016, an additional fee of \$102.00 will apply, making the total fee payable, \$1,226.00 (incl. GST).

Please read the information on the back of this notice.

This is a first and final notice. No reminder will be sent.

INFORMATION FOR PRACTITIONERS APPLYING FOR AN ANNUAL PRACTISING CERTIFICATE

You are applying for an annual practising certificate (APC) under the Health Practitioners Competence Assurance Act 2003 (the Act). The purpose of the Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise.

No person may claim to be practising a profession as a health practitioner of a particular kind or state or do anything that is calculated to suggest that the person practises or is willing to practise a profession as a health practitioner of that kind unless the person is a health practitioner of that kind, and holds a current practising certificate of that kind.

Under section 27(1) of the Act, if the Registrar does not have delegation to determine the application, it must be referred to the Board where the Registrar has reason to believe one of the following circumstances applies:

- (a) the applicant has, at any time, failed to maintain the required standard of competence; or
- (b) the applicant has failed to fulfil, or has failed to comply with, a condition included in the applicant's scope of practice; or
- (c) the applicant has not satisfactorily completed the requirements of any competence programme that he or she has been ordered by the authority to complete; or
- (d) the applicant has not held an annual practising certificate of a kind sought by the application within the 3 years immediately preceding the date of the application; or
- (e) the applicant is unable to perform the functions required for the applicant's profession because of some mental or physical condition; or
- (f) the applicant has not, within the 3 years immediately preceding the date of application, lawfully practised the profession to which the application relates.

In accordance with section 30(3) of the Act, if your **complete application**, including payment, is received before your current practising certificate expires, you will be deemed to be the holder of that practising certificate from the date your application is received until the date your APC is issued or you are sooner notified that it will not be issued. Where an applicant has **not** applied for a practising certificate **before** the expiry of their current certificate, the applicant is **not** deemed to be the holder of a renewed practising certificate and may therefore **not practise** while their application is being considered.

If it has been more than 2 weeks since you sent your renewal application in and you have not received your APC, you should contact the Registration Officer, Leanne Davis, to check that your application has been received by emailing: admin@chiropracticboard.org.nz.

Payment:

To ensure your application is processed before the commencement of the new APC year, **your complete application and payment must be received promptly by the Board**. If you mislay your personalised application form you must download another application form from the Board website.

It is the registered health practitioner's responsibility to make sure they hold a current practising certificate; this responsibility cannot be passed on to an employer.

Faxed or emailed APC application forms and payments will not be accepted, only original documents can be processed.

Do not send cash. Post dated cheques will not be accepted. Payment may be made by cheque, MasterCard or Visa.

Note: If you apply for your Annual Practising Certificate after 31 March 2016 the amount due will be \$1,226.00.

Cheque Payments: Return your cheque (made payable to the Chiropractic Board) together with your completed renewal application form to Leanne Davis, Registrations Officer, Chiropractic Board, P O Box 9644, Wellington 6141.

Credit Card Payments: Please ensure your card number and **expiry date** are completed on your original remittance advice and that your card number is legible. Return the original remittance advice and original completed application form in the reply-paid envelope.



APPLICATION FOR ANNUAL PRACTISING CERTIFICATE - RENEWAL

Registration Number: _____

Complete **ONE** of the following sections and return in the reply-paid envelope enclosed

I, _____ (full name)

- (a) make application for an Annual Practising Certificate to practise within the Scope of Practice of chiropractor for the period 1 April 2016 to 31 March 2017; and
- (b) I believe to the best of my knowledge that I am competent to practise in accordance with my scope of practice, and that I have no mental or physical conditions that may compromise that competence; and
- (c) I am/am not (**strike one out**), as at the date of this application practising the profession of chiropractor; and
- (d) I acknowledge that the Board will be sharing practising status information with the NZCA for the purpose of CPD recording and reporting; and
- (e) All of the information provided with this application is true and correct in every particular and detail. I understand that it is an offence under section 172 of the Health Practitioners Competence Assurance Act to knowingly provide the Board with false or misleading information.

Signature of applicantDate

Please remember to complete the remittance advice below

OR

I, _____ (full name)

declare that I **will not be practising chiropractic** during the period 1 April 2016 and 31 March 2017 and have therefore not applied for an annual practising certificate. I also understand that no person may claim to be practising chiropractic or do anything that is calculated to suggest that the person practises or is willing to practise chiropractic unless the person is a registered chiropractor and holds a current practising certificate issued by the Chiropractic Board.

Signature of applicantDate.....

OR

I, _____ (full name)

request that my name be removed from the Register of Chiropractors under s142 of the HPCA Act 2003.

Signature of applicantDate.....

REMITTANCE ADVICE Amount Due: \$1,124.00

Name _____ Registration No: _____
Please tick boxes

I enclose my cheque for \$1,124.00 made payable to the Chiropractic Board.

or Please debit my MasterCard VISA the sum of \$1,124.00

Expiry Date:/..... Cardholder Name:.....

Signature..... Date.....

OFFICE USE ONLY			
Amount Paid \$ _____	Payment for: <input type="checkbox"/> App Reg <input type="checkbox"/> APC <input type="checkbox"/> Reg Cert <input type="checkbox"/> Other _____	Year: 2016/17	
Payment Method: <input type="checkbox"/> Chq	Clearance Date: _____	Entered on Database <input type="checkbox"/>	
<input type="checkbox"/> M/card <input type="checkbox"/> Visa	Approval No: _____	Signed _____	Date _____

