



NZREX Clinical Application

New Candidates

NZREX1

April 2015
For office use only

Please read the following, it contains important information

The requirements for NZREX Clinical are detailed on the Medical Council of New Zealand's (Council's) website at www.mcnz.org.nz.

This form is to be completed by candidates who are applying to sit NZREX Clinical for the first time. If you are a repeat candidate, please complete *NZREX4 NZREX Clinical Application Repeat Candidates*. This form can be downloaded from Council's website.

A complete application for new NZREX Clinical candidates consists of:

- **NZREX1** NZREX Clinical Application New Candidates form with all sections completed and documentation attached
- **NZREX3** NZREX Clinical Application Checklist to confirm that you provide all the necessary documentation.

Incomplete applications and applications received after the closing date will not be processed.

You will receive email confirmation advising that your application has been received within 5 working days of your application arriving at Council's office.

New Zealand citizens and residents applying for NZREX

We are now prioritising New Zealand citizens and residents over other applicants and as such, have created a separate closing date for applicants who have New Zealand residency and are able to provide certified evidence of this with their application. Acceptable evidence includes a certified copy of your residency visa.

If you are applying for priority consideration, please tick here:

(please provide a certified copy of your residency visa)

SECTION 1 – PERSONAL IDENTIFICATION DETAILS

Section 1 and 2 may be disclosed to overseas authorities to verify your identity

Name - Show given names from your passport or birth certificate, unless your name has been legally changed (e.g., by deed poll)

Family name _____

Given names _____

Other names (unmarried name, name change, alias etc) _____

If your name on your documents is different to the name that appears on your passport, please tick the appropriate box below to show the reason.

Please also note that you will be required to submit a statutory declaration <http://www.mcnz.org.nz/assets/Forms/Statutory-declaration.pdf> if, for example, any of your names are omitted (compared to your passport), if your name appears in the reverse order across your documentation (as a declaration that you are the holder of these documents) etc.

<input type="checkbox"/> Marriage (please provide a certified copy of your marriage certificate)	<input type="checkbox"/> deed poll (please provide a certified copy of your deed poll)	<input type="checkbox"/> common use	<input type="checkbox"/> other (explain)
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Date of birth (day, month, year) / /

Gender Male Female

Contact details – Please print clearly

Contact address	_____	Phone (home)	_____
	_____	Phone (work)	_____
	_____	Mobile	_____
Email address	_____		_____

Verification of identity – Please enclose four coloured passport size photographs. Your photographs must be:

- Taken in the last 4 months.
- Endorsed as a true likeness of the NZREX Clinical candidate (a witness must sign and date the back of the photographs and complete this section of the form.)

The witness must not be another applicant, previous candidate, or relative of the applicant, and may not live at the same address as the applicant.

I _____ of _____
(full name of witness) (address)

certify that the attached photographs are a true likeness of _____
_____ (signature of witness and date)

_____ (full name of applicant)

SECTION 2 – MEDICAL QUALIFICATIONS

Medical qualifications – Please list all medical qualifications and attach a certified copy of your certificate(s) with an authorised translation (if the originals are not in English).

Qualification	Country	Date conferred	Conferring institution (Medical College and/or University)

SECTION 3 – MEDICAL TRAINING, WORK EXPERIENCE, AND REGISTRATION HISTORY

Postgraduate experience (first 12 months work as a qualified medical practitioner)

Did you complete a supervised rotating internship after finishing your medical degree?

Yes (please provide details below)

No

Dates (from-to)	Level of appointment	Branch of medicine	Employer	Registration authority	Country

(Please continue on separate page if necessary)

SECTION 4 – ELIGIBILITY TO SIT NZREX CLINICAL

English communication and comprehension

All applicants for NZREX Clinical must satisfy Council that they are able to comprehend and communicate effectively in English by meeting one of the requirements listed below. Please tick the box below that applies. You are not eligible to sit NZREX Clinical unless you are able to meet one of the requirements.

- (a) Did you complete your primary medical qualification in New Zealand? Yes
- (b) Is English your first language and do you have an acceptable primary medical qualification from New Zealand, Australia, the United Kingdom, the Republic of Ireland, the United States, Canada or a South African medical school where English is the sole language of instruction? Yes
- (c) Have you completed at least 24 months full-time equivalent of a postgraduate qualification (diploma, masters or PhD) at an accredited New Zealand university within 5 years immediately prior to application and have you provided references from two professors from an accredited New Zealand university who are registered as doctors in New Zealand and who speak English as a first language? The referees must be able to attest to your ability to read, write, speak and understand spoken English. Referees will be contacted for confirmation directly by the Council. Please provide email addresses for your referees. Yes
- (d) Have you worked continuously as a registered medical practitioner in an institution where English was the first and prime language for a period of at least 2 years within the 5 years immediately prior to submitting this application and have you provided referees who are senior medical practitioners who speak English as a first language, and who can attest to your ability to comprehend and communicate effectively in English in a clinical setting with both patients and professional colleagues? Referees will be contacted for confirmation directly by the Council. Please provide email addresses for your referees. Yes
- (e) Were you registered with the Medical Council of New Zealand on or after 18 September 2004 and was your registration cancelled for administrative reasons (and not as a result of an order of the Health Practitioners Disciplinary Tribunal or a direction by the Council under section 146 or 147 of the HPCAA) and have you provided references from senior medical practitioners registered in New Zealand who can attest to your ability to comprehend and communicate effectively in English in a clinical setting with both patients and professional colleagues? Referees will be contacted for confirmation directly by the Council, or by an employer or recruitment agent. Please provide email addresses for your referees. Yes
- (f) Have you passed the Academic Module of the International English Language Testing System (IELTS) by achieving a minimum of the following within one result (must be dated within 2 years of the examination date you will be sitting*):

Speaking	7.5	Listening	7.5
Writing	7.0	Reading	7.0

Yes

*Repeat candidates for NZREX Clinical will not be required to re-sit IELTS for up to 5 years of the examination date if they have been, since the last NZREX Clinical sat, residing continuously in New Zealand, Australia, the United Kingdom, the Republic of Ireland, the United States, Canada (English speaking region, not Quebec) or South Africa. Acceptable evidence includes a letter of reference from an employer or landlord with a passport displaying visa or residency.

Date passed:

- (g) Have you passed the Medical Module of the Occupational English Test (OET) by achieving a minimum of 'A' or 'B' in each of the four components (reading, writing, listening and speaking) within one result (must be dated within 2 years of the examination date you will be sitting*)? Yes

*Repeat candidates for NZREX Clinical will not be required to re-sit OET for up to 5 years of the examination date if they have been, since the last NZREX Clinical sat, residing continuously in New Zealand, Australia, the United Kingdom, the Republic of Ireland, the United States, Canada (English speaking region, not Quebec) or South Africa. Acceptable evidence includes a letter of reference from an employer or landlord with a passport displaying visa or residency.

Date passed:

Note 1:

Candidates who pass the NZREX Clinical will not be required to meet the English language requirements again for the purposes of registration, provided the NZREX Clinical pass is still valid (the pass is valid for 5 years of the date of the examination passed).

Note 2:

If comprehension and communication deficiencies are noted during NZREX Clinical, candidates will be required to undertake further remediation and/or testing of their ability to comprehend and communicate effectively in English before being eligible to apply to re-sit NZREX Clinical (if needing to re-sit) or to apply for registration.

SECTION 4 – ELIGIBILITY TO SIT NZREX CLINICAL (CONTINUED)**Primary qualification**

Does your Medical College and/or University appear in the World Directory of Medical Schools : <http://search.wdoms.org/>

Yes

Medical knowledge

Have you passed, within the last 5 years, the United States Medical Licensing Examination (USMLE) Steps 1 and 2 Clinical Knowledge **OR** the Australian Medical Council MCQ **OR** the General Medical Council PLAB Part 1?

Yes (please attach a certified copy of your results)

No (your application will not be accepted until you have achieved this)

SECTION 5 – DATE TO APPEAR FOR NZREX CLINICAL

Which examination date are you applying for?

NOTE

Please note that:

- If you have, or have had, any mental or physical, conduct or professional competence issues these will need to be disclosed to Council at the time of applying for registration. Council reserves the right to investigate and obtain further information regarding these matters.
- You will need to satisfy all criteria for registration in New Zealand should you be successful in passing NZREX Clinical.

SECTION 6 – DECLARATION

I understand that:

- The information I have provided is used by the Medical Council of New Zealand for the purposes of considering my application.
- The information within this application may be disclosed to the agents of the Medical Council.
- I certify that the information I have provided is true and correct.

Applicant's signature _____ Date _____

SECTION 7 – \$3833.33 APPLICATION FEE (NZ\$)

Credit card: Once your application has been processed and is deemed complete, payment details will be emailed to the email address you have provided on this form in order to make the payment.

Cheque enclosed: (NZ\$), **please ensure you print your full name on the back of the cheque.**