**Clinical Physiologists Registration Board**

# Registration Application Supporting Documents for:

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print this form, complete, sign, and return to the Administrator with the requested documents.

This form accompanies your application to register via the CPRB website ([www.cprb.org.nz](http://www.cprb.org.nz)).

These documents will not be forwarded to the Board for consideration unless you have also completed the online application **and** paid the required application fee.

There are 2 ways to submit your documents:

|  |  |
| --- | --- |
| 🖃  You can post these documents to:  Registrar  Clinical Physiologists Registration Board  23a Adam Street  Greenlane  Auckland 1024  New Zealand | 🖂🖰  You can scan and email them (preferably as a single file please) to :    [admin@cprb.org.nz](mailto:admin@cprb.org.nz) |

**Document Checklist**

**All Applicants:**

🞏 \*\*Certified copies of any qualifications/certifications (CPRB will not accept non-Certified copies)

\*\*Certified means presenting a **copy** of your qualification along with the **original** to a Justice of the Peace (JP), Solicitor, Holder of Public Office or Executive Officer of any sort, who must stamp the copy with their official stamp, date and sign. Do not send original documents to CPRB.

🞏 Proof of professional registration in the country you are residing in (if applicable)

🞏 A copy of your Curriculum Vitae (CV)

**New Graduate Applicants:**

🞏 Proof of enrolment in an Academic course of study, e.g an acceptance letter or a letter from your supervisor confirming you will be enrolling.

e.g Post Graduate Certificate/Diploma in Medical Technology by Otago University, or discipline specific academic course of study.

If you have already completed the academic component see instructions above for providing a \*\*certified copy.

🞏 Proof of enrolment for the appropriate Practical development or certification Programme for your discipline.

e.g Cardiac : CCP, Sleep: BPRT etc... Provide details of programme delivery on page 4.

🞏 Declaration signed by Clinical Supervisor

**All Applicants:**

🞏 Signed Declaration page

🞏 \* Proof of current financial membership of one of the following Professional Societies, relevant to your profession:

Cardiac Physiologists: SCT (www.sct.org.nz)

Respiratory Physiologists: ANZRS (http://www.anzsrs.org.au)

Renal Physiologists: NZBDP (http://nzbdp.com)

Sleep Physiologists: ASA (<http://sleeptechnologists.org>)

Exercise Physiologists: CEPNZ (https://cepnz.org.nz)

\*Send a current payment receipt, confirmation letter or certificate. If you are not yet a member, you should apply concurrently and attach proof of application. Registration may be delayed until society membership is confirmed.

🞏 Photo ID. Scan your Passport or NZ Drivers Licence.

**Declaration**

I consent to the Clinical Physiologists Registration Board obtaining confidential verbal or written information about my professional experience and current role for the purpose of assessing my registration and APC eligibility.

I understand that my registration status will be published in the CPRB register and made known to my clinical supervisor.

I declare that the information I have supplied in this application (and other supporting information provided) is true and correct to the best of my knowledge.

I accept that false declaration or failure to disclose relevant information could result in my removal from the register.

I declare that I have no mental or physical conditions I am aware of that may compromise my competence and therefore compromise the safety of patients. (Section 16 HPCA Act)

Applicant’s Name (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Clinical Supervisors Declaration (new graduate ONLY)**

I declare that the information provided for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant’s name) with regard to qualifications and enrolment is correct to the best of my knowledge.

Clinical Supervisor’s name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Supervisor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Development Programme Details**

**Only complete this section if you are applying for registration as a new graduate, i.e this is your first employment in a Clinical Physiologist or technician role.**

**Examples of discipline specific development programmes are: CCP or CPM (cardiac), BPRT (sleep), CRFS (respiratory), GDHSD (Dialysis), DMU (Echo). You will need to submit proof of enrolment.**

**Programme 1.**

|  |  |
| --- | --- |
| Start and End Date of Programme |  |
| Supervised by:  (Name, Designation or Department) |  |
| Hospital / Department |  |
| Procedures Covered in programme |  |
| Method of Competency Assessment |  |
|  |  |

**Programme 2.**

|  |  |
| --- | --- |
| Start and End Date of Programme |  |
| supervised by:  (Name, Designation or Department) |  |
| Hospital / Department |  |
| Procedures Covered in programme |  |
| Method of Competency Assessment |  |
|  |  |