

RESTORATION TO THE REGISTER

FULL NAME _____ REGISTRATION NO: 40- _____

I wish to have my name restored to the Register.

I confirm that since I was registered and/or last held an APC with the Board: -

- I have not had criminal convictions, or have any criminal charges pending.
- I have not been subject to any disciplinary proceedings and are not currently subject to any disciplinary proceedings.
- I have provided a criminal history/police report, which is no more than six months old, from any country I have lived for 12-months or more (including New Zealand) since I was first registered or last held an APC (whichever is most recent).
- I understand that before commencing practice in New Zealand I must apply for a practising certificate and provide the following supporting documentation:
 - Curriculum vitae (CV) including details of CPD I have completed in the past three years.
 - Two written professional references
 - Certificates of professional status (or equivalent) from relevant regulatory agencies in each of the countries I have practising in since I was first registered or ceased practice (whichever is most recent) in New Zealand (if applicable).
 - A verifiable work history and a clinical experience form for the time I was practising overseas (if applicable).

Signature: _____ Date : _____

| | Currently living in New Zealand | Currently living outside New Zealand |
|---------------------------------|------------------------------------|---|
| Restoration to the register fee | \$53.00 | \$46.09 |

Please Note Fees Are Non-Refundable

PAYMENT DETAILS

All fees must be paid in New Zealand dollars (NZD) by bank draft, New Zealand trading bank cheque, or credit card. Your application cannot be processed if payment is received in foreign currency. If you are making a bank transfer you must pay your bank fees and the recipient's bank fees.

- Enclosed a **bank draft** for NZ\$ made payable to: Medical Radiation Technologist Board.
- Credit Card:** Please debit my (tick one) Visa MasterCard

CVV

Cardholder name: _____ Expiry Date: _____

Signature: _____ Amount: _____