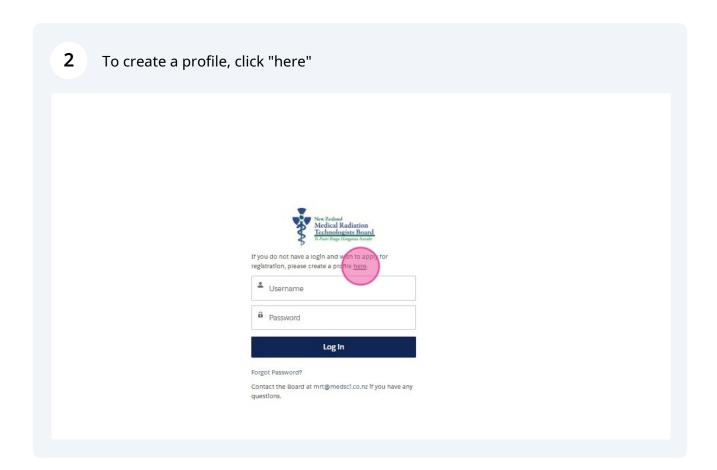
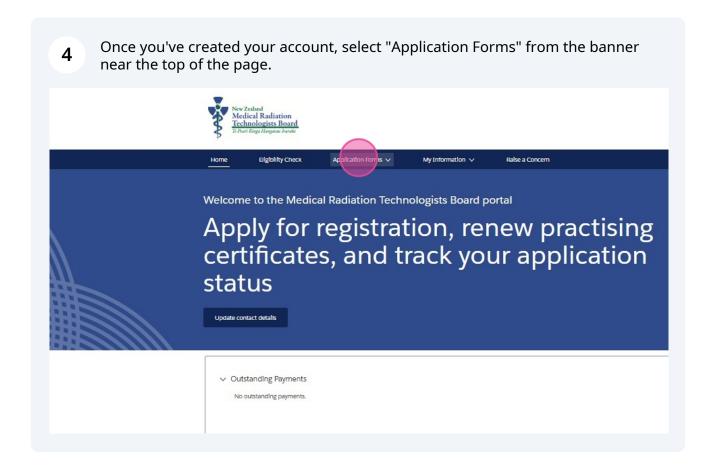
How to apply for registration

In the top right corner of the Medical Radiation Technologists Board's website, click "Login/Register"

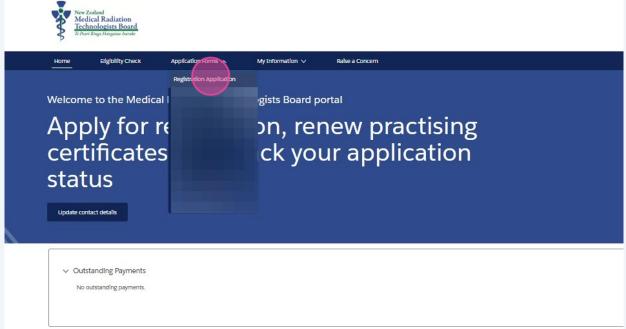
Radiation Technologists Board portal registration, renew practising and track your application



3 Enter your legal first and last name, your email address, and create a password. unsure how to proceed, please contact us. Already have an account? Log in here. By completing this form, you are consenting to have this information collected and securely stored by Te Poari Ringa Hangarau Iraruke | the Medical Radiation Technologists Board (the Board). We will use personal information that you provide to us for the purposes for which you supplied it and for any other purpo under the Health Practitioners Competence Assurance Act 2003, and in line with the Privacy Act 2020. Please click here to view the Board's privacy policy for further nation on how we handle your information. Last Name **™** Emali Create Password Sign Up

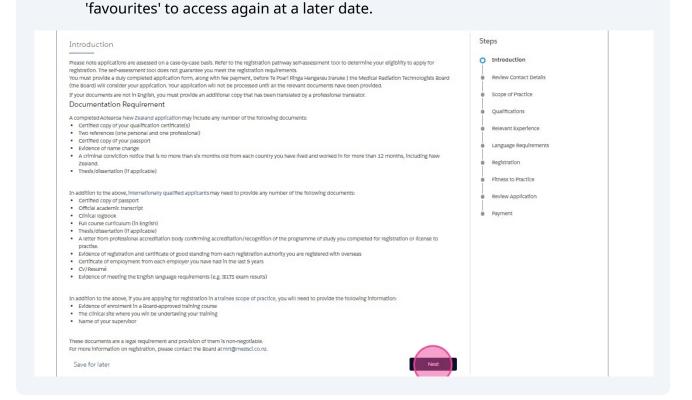


Assuming this is your first application for registration, you will need to select the "Registration Application" option to begin your online application.

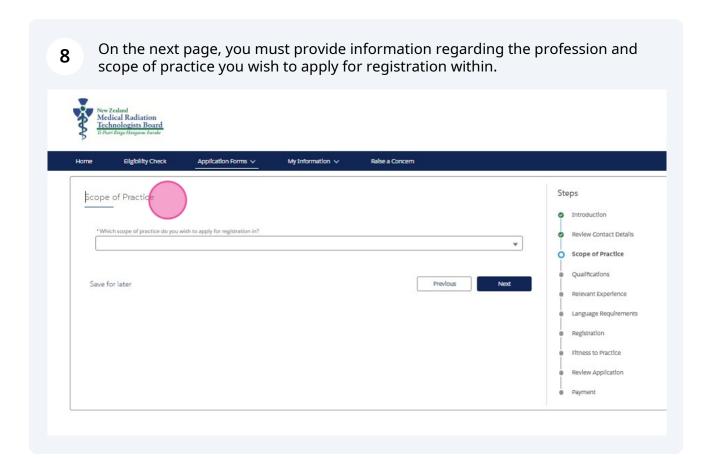


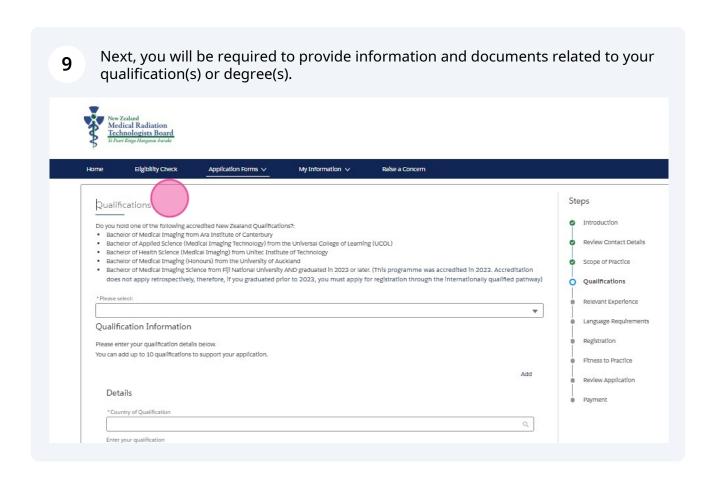
The introduction page provides some general information on the document requirements for registration.

Please note, you can use the "Save for Later" function at any point while completing the registration application form. By clicking save for later, you will receive a link to your draft application, which you can add to your browser



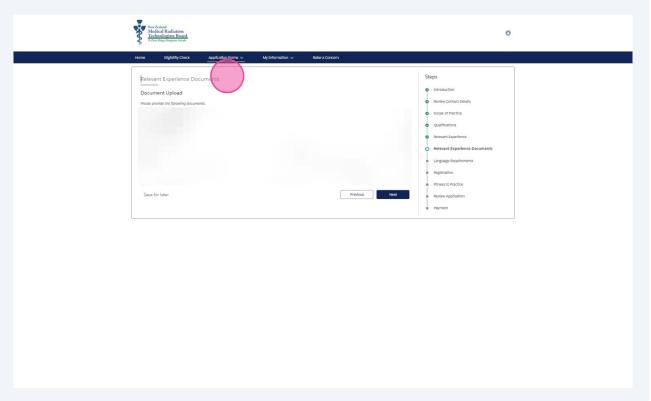
Next, you will be asked to provide further contact details including your date of birth, any previous or preferred names, addresses, and a certified copy of your You will also be required to complete several privacy-related declarations. Medical Radiation Technologists Board Ralse a Concern Eligibility Check My Information V Application Forms V Steps Review Contact Details Intro Privacy Statement Under the Health Practitioners Competence Assurance Act 2003 (HPCA Act), Te Poarl Ringa Hangarau Iraruke I the Medical Radiation Technologists Board (the Revie Board) Is legally required to collect personal information for the purposes of registration and recertification. By completing this application form, you are consenting to have this information collected and securely stored by Te Rangatopu Pūtalao a Rongoā į the Medicai Sciences Secretariat on behalf of the Board. Scope We will use personal information that you provide to us for the purposes for which you supplied it, including assessing your eligibility for registration as a health Quall practitioner, and for any other purpose under the HPCA Act, and in line with the Privacy Act 2020. The HPCA Act requires the Board to provide some personal Information with the Ministry of Health and other relevant bodies for workforce planning and other purposes. Relev Please click here to view the Board privacy policy for further information on how we handle your information. Langu Please note, by completing this application form, you are making a statutory declaration. You make a statutory declaration ☐ I agree Regist when you need to confirm that something is true. It is your responsibility to make sure your declaration is correct and meets all the necessary legal requirements. Making a false declaration, per section 172 of the Health Practitioners Competence Assurance Act 2003, is an offence and punishable on conviction to a fine not exceeding \$10,000. Fitnes Contact Details Revie *First Name 0 Middle Name @





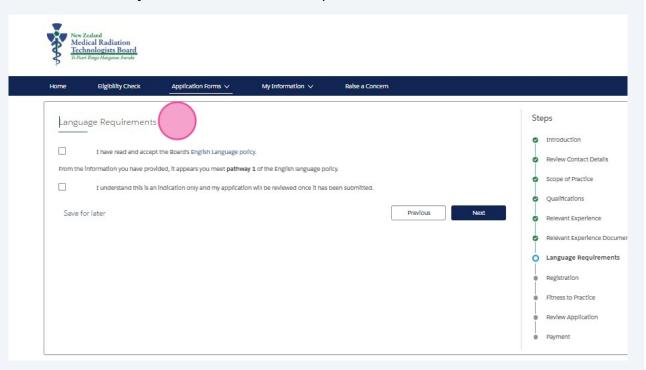
Next, you will be asked for an overview of any work you may have completed that 10 is relevant to the scope of practice you are applying for registration in. New Zealand Medical Radiatio Technologists Board Home Eligibility Check Application Forms V My Information V Ralse a Concern Steps Relevant Experience Medical Imaging Technologist Review Contact Details How many hours per week on average have you worked within the following modalities? An estimate is acceptable Year 2 (preceding year 1) Year 3 (preceding year 2) Scope of Practice Qualifications СТ Relevant Experience Catheterisation Laboratory Relevant Experience Documen Interventional Radiology Language Requirements *Please select the types of examinations you have regularly completed within the last three years: Thorax
Abdomen
Shoulder girdle an
Pelvis, hip Joint and
Vertebral column Review Application Shoulder girdle and upper ilmb Peivls, hip joint and lower ilmb Payment

Next you will be asked to provide the required documents (determined by your prior answers), and the contact details of your personal and professional referee

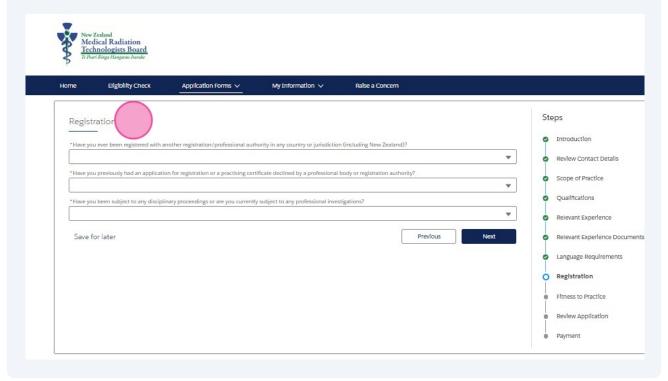


The Language Requirements page will request specific information from you based on your prior answers.

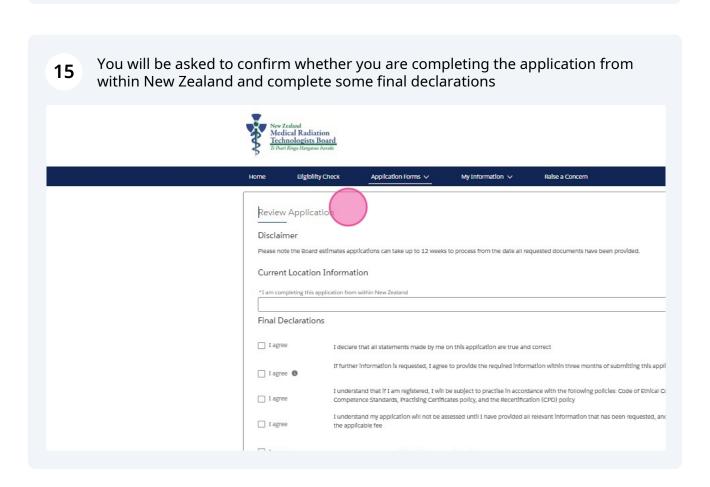
The information provided will be reviewed by our regulation team to determine whether any further information is required.



Then, you will be asked for information regarding any other registrations you hold or have previously held with other regulatory bodies



You will need to provide information regarding your fitness to practice, and apply 14 for a criminal history check through Fit2Work. New Zealand Medical Radiation Technologists Board Eligibility Check Application Forms V My Information 🗸 Ralse a Concern Fitness to Practic *Do you have any criminal convictions or do you have any criminal charges pending? *Do you have an physical or mental conditions that may affect your ability to practice safely? Police Clearance Certificate Document Upload Please provide the following documents. A police clearance certificate, or equivalent, from every country you have resided for one year or more, from the age of 16, including New Zealand. The document must be an original or certified copy and must be issued within 6 months prior to the date of your application. Criminal check certificates issued by a third party will not be accepted.



16 Finally, you will need to complete payment for your application. New Zealand Medical Radiation <u>Technologists Board</u> Te Psari Ringe Hangarau Irarake Eligibility Check Ralse a Concern Please ensure all Information you have your application is correct. Payment Steps Please ensure all information you have submitted in your application is correct. Based on the Information you have provided in your application, you will be charged the Actearoa New Zealand graduate registration fee. Introduction Review Contact Details $\ensuremath{\checkmark}$ I understand that the application fee is non-refundable Scope of Practice Relevant Experience Documents Language Requirements Registration Review Application Payment