How to apply for registration

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



3 Enter your legal first and last name, your email address, and create a password.

your existing login details) by clicking on the link below. If you are
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 purpose
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
information on how we handle your information.
🛓 Irst Name
🛓 Last Name
S Email
Create Password
A Confirm Parsword
Sign Lin
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4 Once you've created your account, select "Application Forms" from the banner near the top of the page.

New Zealand Medical Radiation Technologists Board Te Part Ringe Hangana Jourde Home Eligibility Check Application Forms > My Information >> Raise a Concern
Welcome to the Medical Radiation Technologists Board portal Apply for registration, renew practising certificates, and track your application status
✓ Outstanding Payments No outstanding payments.

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

Home Eligibility Check Applicatio	on Forms My Information V Raise a Concern
Registr Welcome to the Medical	an Application gists Board portal
Apply for re certificates status	on, renew practising ck your application
Update contact details	

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 'favourites' to access again at a later date.

Introduction	Steps
	O Introduction
egistration. The self-assessment tool does not guarantee you meet the registration requirements.	
tou must provide a duly completed application form, along with fee payment, before Te Poarl Ringa Hangarau Iraruke the Medical Radiation Technologists Board the Board) will consider your application. Your application will not be processed until all the relevant documents have been provided.	Review Contact Details
f your documents are not in English, you must provide an additional copy that has been translated by a professional translator.	Scope of Practice
Jocumentation Requirement	a autoriture
A completed Aotearoa New Zealand application may include any number of the following documents:	Qualifications
Certified copy of your qualification certificate(s)	Belgept Experience
Two references (one personal and one professional)	Kelevant experience
Certified copy of your passport	
Evidence of name change	 Language Requirements
 A criminal conviction notice that is no more than six months oid from each country you have lived and worked in for more than 12 months, including New 	and a second second second
Zealand.	Registration
Thesis/dissertation (If applicable)	
	 Fitness to Practice
in addition to the above, internationally qualified applicants may need to provide any number of the following documents:	Brulay Application
Certified copy of passport	Review Application
Official academic transcript	and the second sec
Cilnical logbook	Payment
Full course curriculum (In English)	1244.1
Thesis/dissertation (if applicable)	
 A letter from professional accreditation body confirming accreditation/recognition of the programme of study you completed for registration or license to 	
practise.	
 Evidence of registration and certificate of good standing from each registration authority you are registered with overseas 	
 Certificate of employment from each employer you have had in the last 5 years 	
CV/Resumé	
 Ev/dence of meeting the English language requirements (e.g. IELTS exam results) 	
in addition to the above. If you are applying for registration in a trainee scope of practice, you will need to provide the following information:	
 Evidence of enrolment in a Board-approved training course 	
The clinical site where you will be undertaking your training	
Name of your supervisor	
These documents are a legal requirement and non/sign of them is non-negotiable	
or more information on registration please contact the Bracia at mitigenesis (on pz	
Save for later	

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 passport.

You will also be required to complete several privacy-related declarations.

Te Poari Ringa Hengerau Ira	ard make		
ome Eilgibility C	Check Application Forms V	My Information 🗸	Raise a Concern
Review Contact [Details		
Privacy Statement			
Under the Health Practiti Board) is legally required to have this information of	oners Competence Assurance Act 2003 (HP to collect personal Information for the purp collected and securely stored by Te Rangato	CA Act), Te Poarl Ringa Hanga ooses of registration and recert pu Půtalao a Rongoå the Me	rau Iraruke the Medicai Radiation Technologists Board (the dification. By completing this application form, you are consenting dicai Sciences Secretariat on behair of the Board.
We will use personal info practitioner, and for any information with the Min	rmation that you provide to us for the purpo other purpose under the HPCA Act, and in i listry of Health and other relevant bodies for	oses for which you supplied it, Ine with the Privacy Act 2020. r workforce planning and othe	Including assessing your eligibility for registration as a health The HPCA Act requires the Board to provide some personal r purposes.
Please click here to view	the Board privacy policy for further informat	tion on how we handle your in	formation.
🗌 I agree	Please note, by completing when you need to confirm all the necessary legal requ	g this application form, you are that something is true. It is yo ulrements. Making a faise deci	e making a statutory deciaration. You make a statutory deciaration sur responsibility to make sure your deciaration is correct and meets aration, per section 172 of the Health Practitioners Competence
Contact Details	Assurance Act 2003, Is an	offence and punishable on co	nviction to a fine not exceeding \$10,000.
Contract Detans			

On the next page, you must provide information regarding the profession and scope of practice you wish to apply for registration within.

Home	Eligibility Check	Appilcation Forms 🗸	My Information 🗸	Raise a Concern	
Save f	of Practice	ish to apply for registration in?		Previous Next	Steps Introduction Review Contact Details Scope of Practice Qualifications Relevant Experience Language Requirement Registration Fitness to Practice Review Application

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Next, you will be required to provide information and documents related to your qualification(s) or degree(s).

Home Eligibility Check	Appilcation Forms 🗸	My Information 🗸	Ralse a Concern		
Qualifications	rredited New Zealand Orielfing	itlans?-		Si	teps
 Bachelor of Medical Imaging fragment Bachelor of Applied Science (M Bachelor of Applied Science (Me Bachelor of Medical Imaging (H Bachelor of Medical Imaging Sc does not apply retrospectively 	m Ara Institute of Canterbury edical Imaging Technology) for dical Imaging Technology) for dical Imaging) from Unitec Inst onours) from the University of J lence from FiJI National University t, therefore, If you graduated	m the Universal College of Learr Itute of Technology Auckland Ity AND graduated in 2023 or ia prior to 2023, you must appi	ilng (UCOL) iter. (This programme was accredited in 2023. Accre r for registration through the internationally qualifie	ditation d pathway)	Revlew Contact Det Scope of Practice Qualifications
*Please select:					Relevant Experience
Qualification Information				•	Language Requirem
Please enter your qualification deta You can add up to 10 qualifications	Is below. to support your appilcation.				Registration Fitness to Practice
				Add	Review Application
Dotails				Ĩ	Drumont

10 Next, you will be asked for an overview of any work you may have completed that is relevant to the scope of practice you are applying for registration in.

Releva	ant Experience						
✓ Me	-					St	eps
✓ Me							101010000000000
~ IVIE	dical Imaging Technolo	alet				0	Introduction
100210-000020	alcar inaging recimolo	Pist					Review Contact Details
How	v many hours per week on av	erage have you worked within th	te following modailties? An esti	mate is acceptable.		ĭ	
Mod	dailty	Year 1 (most recent)	Year 2 (preced)	ng year 1)	Year 3 (preceding year 2)		Scope of Practice
Xray	Ý						
СТ					1	า 0	Quailfications
] [
Fluo	proscopy					0	Relevant Experience
Catr	heterisation Laboratory				1	i [
						_ •	Relevant Experience Do
Inte	erventional Radiology						Language Regularement
	and the second	ather madelities within the last the				-) ī	cangaage nedanement
rsa.	ive you regularly worked in any o	other modalisies within the last thr	ee years that are not listed above?	<u>101.</u>		- L	Registration
							Fitness to Practice
- Pie	ease select the types of examin	nations you have regularly comple	eted within the last three years:	0			
	Thorax						Review Application
	Abdomen						
	Shoulder girdle and upper ilr	mb					Payment

11 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



12 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.

Home	Eligiblilty Check	Application Forms 🗸	My Information 🗸	Ralse a Concer	n		
Langu Rom the	iage Requirements I have read and accep Information you have prov I understand this is an for later	t the Board's English Language (Ided, it appears you meet path Indication only and my applica	bolicy. way 1 of the English language p	bollcy. s been submitted.	Previous	Vext Steps	troduction eview Contac cope of Practi uailfications elevant Exper anguage Rec anguage Rec

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

	Application Forms V	My Information 🗸	Ralse a Concern			
Registration					St	eps
* Have you ever been registered with	another resistration (professional au	thority in any country or jurisdictic	n (including New Zealand)?		0	Introduction
					- 0	Review Contact Details
* Have you previously had an applicat	ion for registration or a practising ce	rtificate declined by a professional	body or registration authority?			Scope of Practice
*Mana unit basis subject to any disci-	Energy proceedings of the unit of the	the subject to any professional inco	rination?			Quailfications
	initially processings of the job current	and the second	angunana.	,		Relevant Experience
Save for later			Prevlou	is Next		Relevant Experience Do
					0	Language Requirements
					0	Registration
						Fitness to Practice
					ĺ	Fitness to Practice Review Application

14 You will need to provide information regarding your fitness to practice, and apply for a criminal history check through Fit2Work.

- Contract	Eligibility Check	Application Forms 🗸	My Information 🗸	Ralse a Concern	
Eitnes	s to Practice)			_
*Deveu		ando you have any criminal charges	- nandina?		
Doyou	nave any criminal convictions	tor do you have any criminal charges	, penung:		-
* Do you	have an physical or mental co	anditions that may affect your ability	to practice safely?		
					_
1201	5 (1989) . Tai 1996				

15 You will be asked to confirm whether you are completing the application from within New Zealand and complete some final declarations

New Zealand Medical Rata Te Hurr Ringe Ham	diation ts Board gauge Bande
Home Elgi	bility Check Application Forms ∨ My Information ∨ Raise a Concern
Review Appli Disclaimer Please note the Bo Current Locat *Tam completing th Final Declarat	bard estimates applications can take up to 12 weeks to process from the date all requested documents have been provided. tion Information his application from within New Zealand tions
I agree	I declare that all statements made by me on this application are true and correct
I agree 🔮	If further information is requested, I agree to provide the required information within three months of submitting this appli
I agree	I understand that If I am registered, I will be subject to practise in accordance with the following policies: Code of Ethical G Competence Standards, Practising Certificates policy, and the Recertification (CPD) policy
I agree	I understand my application will not be assessed until I have provided all relevant information that has been requested, and the applicable fee

16 Finally, you will need to complete payment for your application.

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Home	Eilgiblilty Check	Application Forms V	My Information $ \lor $	Raise a Concern		
Payme	ent				Ple you	ase ensure all information yo ur application is correct.
Please en	Please ensure all information you have submitted in your application is correct.					eps
Based on	Based on the Information you have provided in your application, you will be charged the Aotearoa New Zealand graduate registration fee.					Introduction
🗸 I und	✓ I understand that the application fee is non-refundable					Review Contact Details
				Priced to Payment Gateway		Scope of Practice
					0	QuaiIncations
Save					0	Relevant Experience Docu
					0	Language Requirements
					0	Registration
					0	Fitness to Practice
					0	Review Application
						Paymont