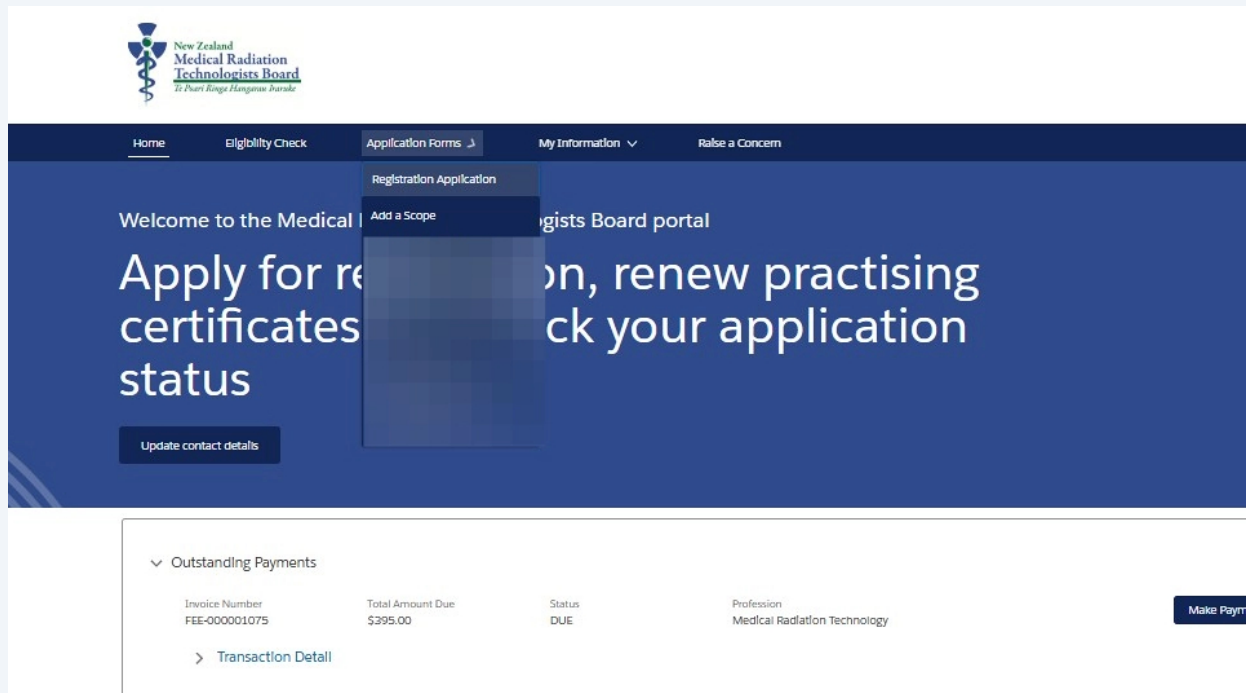


# How to Apply for Registration in a Trainee Scope of Practice

1

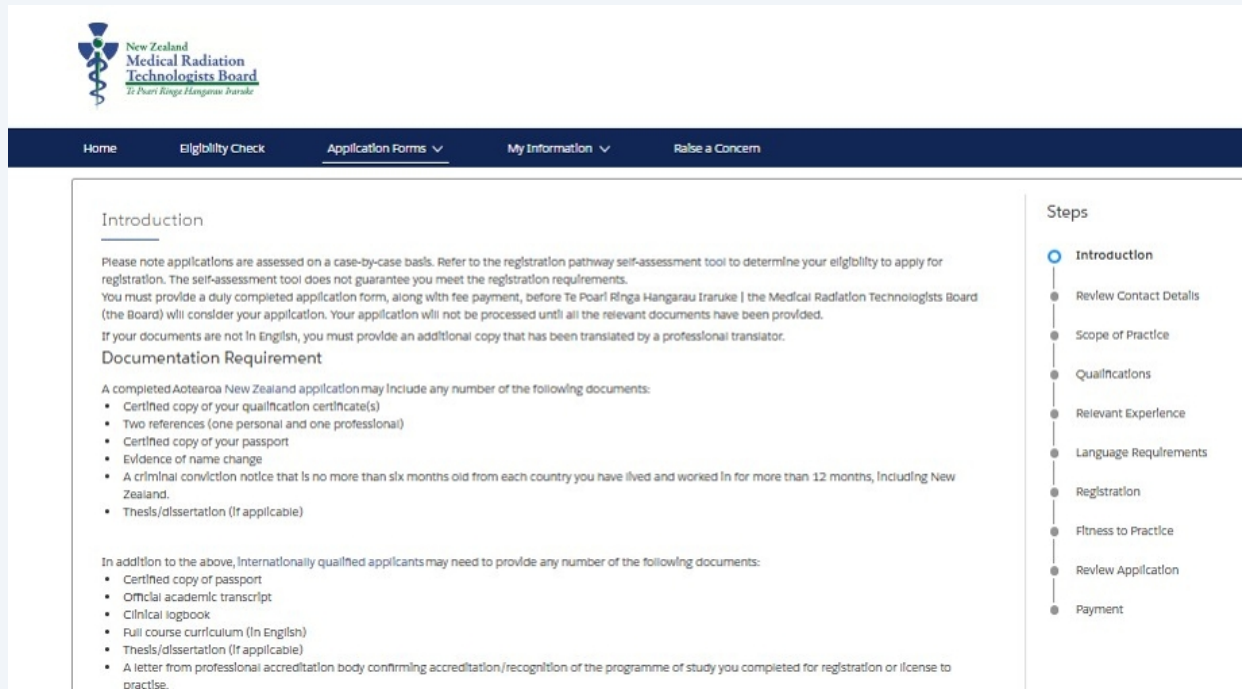
From within your online portal, click on "Application Forms" from the top banner. Select "Registration Application" if this will be the first scope you apply for registration in. If you already hold registration in one or more scopes, select "Add a Scope."



2

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.



The screenshot displays the website of the New Zealand Medical Radiation Technologists Board. The header includes the board's logo and name, along with navigation links: Home, Eligibility Check, Application Forms (selected), My Information, and Raise a Concern. The main content area is titled "Introduction" and contains the following text:

Please note applications are assessed on a case-by-case basis. Refer to the registration pathway self-assessment tool to determine your eligibility to apply for registration. The self-assessment tool does not guarantee you meet the registration requirements. You must provide a duly completed application form, along with fee payment, before Te Pōari Rēnga Hanganau 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. If your documents are not in English, you must provide an additional copy that has been translated by a professional translator.

**Documentation Requirement**

A completed Aotearoa New Zealand application may include any number of the following documents:

- Certified copy of your qualification certificate(s)
- Two references (one personal and one professional)
- Certified copy of your passport
- Evidence of name change
- A criminal conviction notice that is no more than six months old from each country you have lived and worked in for more than 12 months, including New Zealand.
- Thesis/dissertation (if applicable)

In addition to the above, internationally qualified applicants may need to provide any number of the following documents:

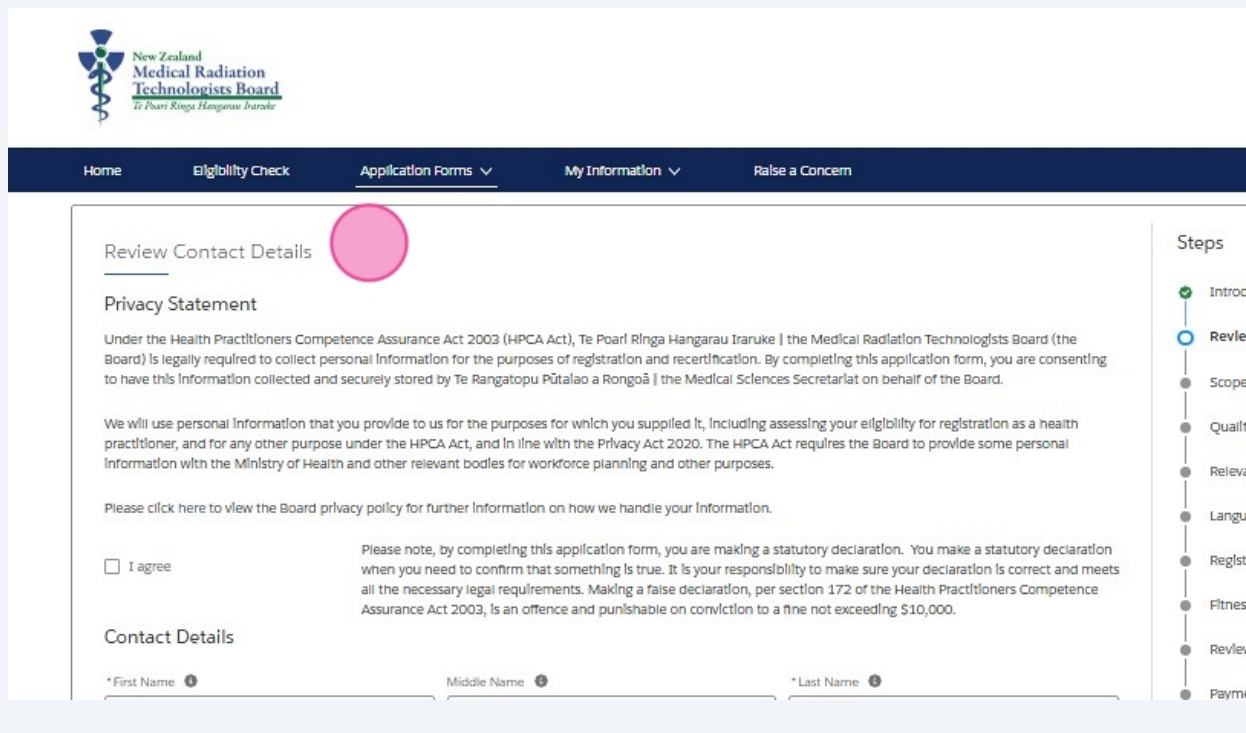
- Certified copy of passport
- Official academic transcript
- Clinical logbook
- Full course curriculum (in English)
- Thesis/dissertation (if applicable)
- A letter from professional accreditation body confirming accreditation/recognition of the programme of study you completed for registration or license to practise.

On the right side of the page, there is a "Steps" section with a vertical list of steps: Introduction (highlighted with a blue circle), Review Contact Details, Scope of Practice, Qualifications, Relevant Experience, Language Requirements, Registration, Fitness to Practice, Review Application, and Payment.

3

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.



**New Zealand Medical Radiation Technologists Board**  
Te Pōari Rōngā Hangarau Iraruke

Home Eligibility Check **Application Forms** My Information Raise a Concern

### Review Contact Details

#### Privacy Statement

Under the Health Practitioners Competence Assurance Act 2003 (HPCA Act), Te Pōari Rōngā Hangarau Iraruke (the Medical Radiation Technologists Board (the 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 Rangatapu Pūtāiao a Rongōā (the Medical Sciences Secretariat) on behalf of the Board.

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 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.

Please click here to view the Board privacy policy for further information on how we handle your information.

☐ I agree

Please note, by completing this application form, you are making a statutory declaration. You make a statutory declaration 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.

#### Contact Details

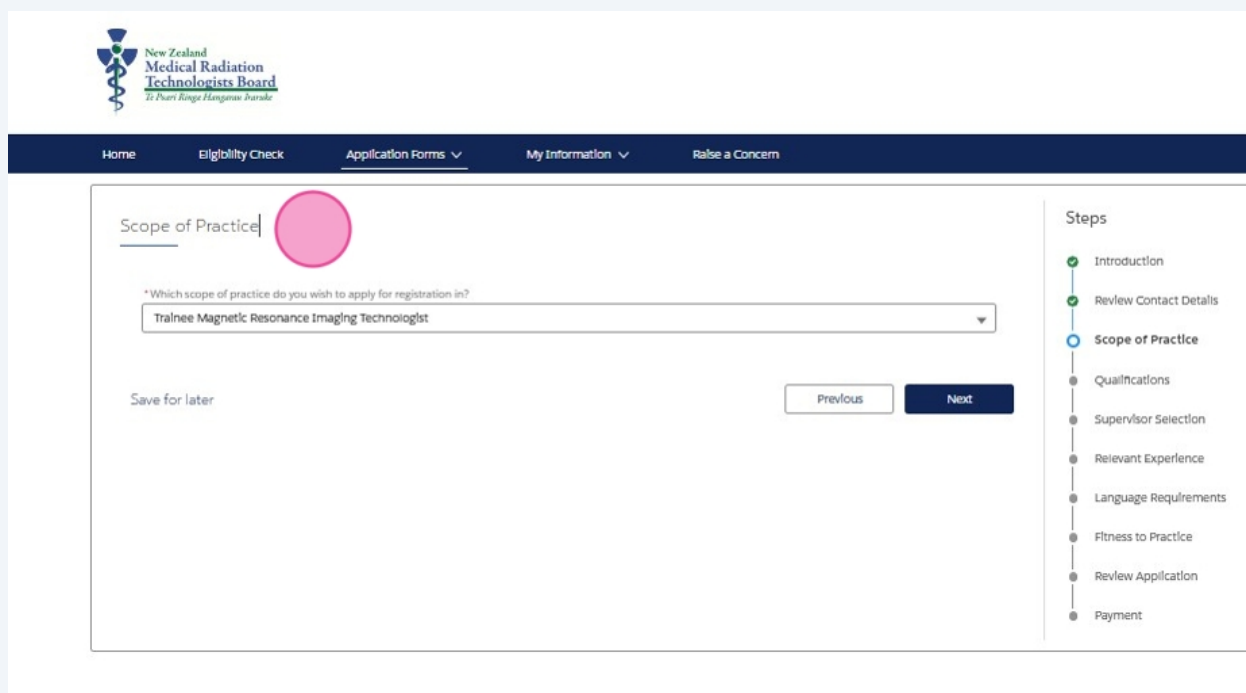
\* First Name  Middle Name  \* Last Name

**Steps**

- Introduction
- Review**
- Scope
- Qualifications
- Relevant Experience
- Language
- Registration
- Fitness
- Review
- Payment

4

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



**New Zealand Medical Radiation Technologists Board**  
Te Pōari Rōngā Hangarau Iraruke

Home Eligibility Check **Application Forms** My Information Raise a Concern

### Scope of Practice

\* Which scope of practice do you wish to apply for registration in?

Trainee Magnetic Resonance Imaging Technologist

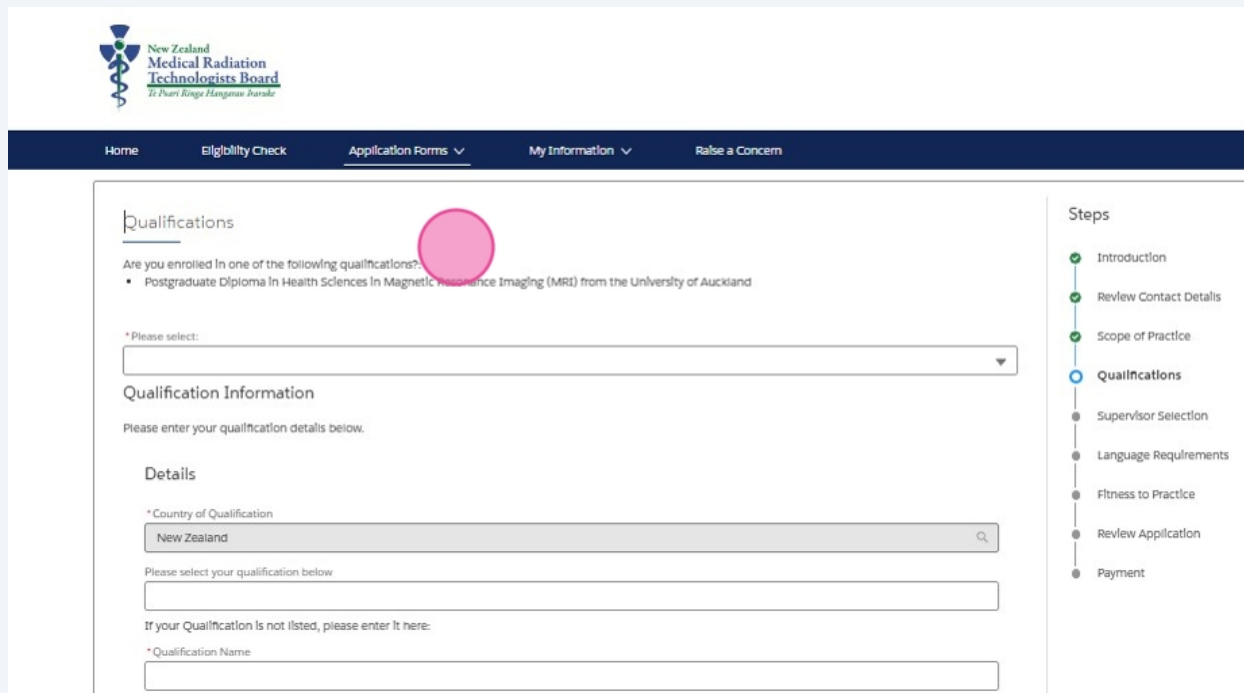
Save for later

Previous Next

**Steps**

- Introduction
- Review Contact Details
- Scope of Practice**
- Qualifications
- Supervisor Selection
- Relevant Experience
- Language Requirements
- Fitness to Practice
- Review Application
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## 5 Next, you must provide information about the qualification you're enrolled in.



**New Zealand Medical Radiation Technologists Board**  
*Te Pūnui Rangai Hangaiake*

Home Eligibility Check **Application Forms** My Information Raise a Concern

### Qualifications

Are you enrolled in one of the following qualifications?

- Postgraduate Diploma in Health Sciences in Magnetic Resonance Imaging (MRI) from the University of Auckland

\* Please select:

Qualification Information

Please enter your qualification details below.

**Details**

\* Country of Qualification

New Zealand

Please select your qualification below

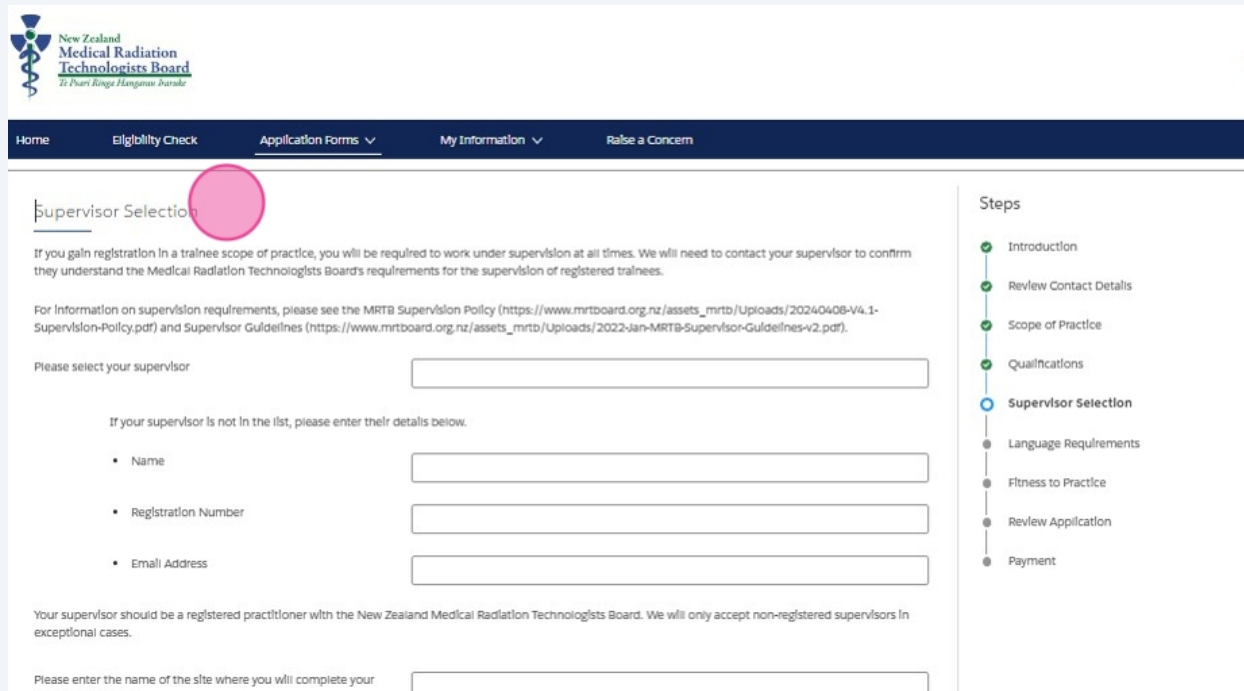
If your Qualification is not listed, please enter it here:

\* Qualification Name

**Steps**

- Introduction
- Review Contact Details
- Scope of Practice
- Qualifications**
- Supervisor Selection
- Language Requirements
- Fitness to Practice
- Review Application
- Payment

## 6 Then, you must provide information about your supervisor for clinical placement, and upload your clinical placement agreement.



**New Zealand Medical Radiation Technologists Board**  
*Te Pūnui Rangai Hangaiake*

Home Eligibility Check **Application Forms** My Information Raise a Concern

### Supervisor Selection

If you gain registration in a trainee scope of practice, you will be required to work under supervision at all times. We will need to contact your supervisor to confirm they understand the Medical Radiation Technologists Board's requirements for the supervision of registered trainees.

For information on supervision requirements, please see the MRTB Supervision Policy ([https://www.mrtboard.org.nz/assets\\_mrtb/Uploads/20240408-V4.1-Supervision-Policy.pdf](https://www.mrtboard.org.nz/assets_mrtb/Uploads/20240408-V4.1-Supervision-Policy.pdf)) and Supervisor Guidelines ([https://www.mrtboard.org.nz/assets\\_mrtb/Uploads/2022-Jan-MRTB-Supervisor-Guidelines-v2.pdf](https://www.mrtboard.org.nz/assets_mrtb/Uploads/2022-Jan-MRTB-Supervisor-Guidelines-v2.pdf)).

Please select your supervisor

If your supervisor is not in the list, please enter their details below.

- Name
- Registration Number
- Email Address

Your supervisor should be a registered practitioner with the New Zealand Medical Radiation Technologists Board. We will only accept non-registered supervisors in exceptional cases.

Please enter the name of the site where you will complete your clinical placement

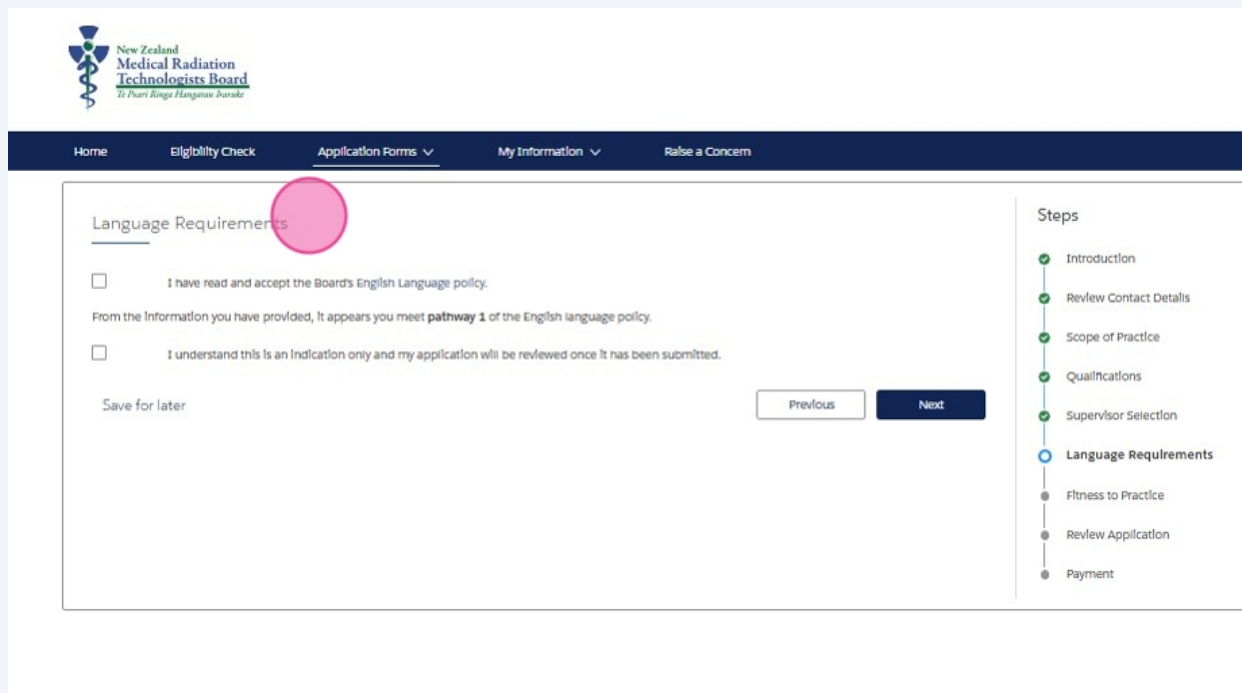
**Steps**

- Introduction
- Review Contact Details
- Scope of Practice
- Qualifications
- Supervisor Selection**
- Language Requirements
- Fitness to Practice
- Review Application
- Payment

7

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.



New Zealand Medical Radiation Technologists Board  
Te Puni Kōwhiri Hanga Rau Kōwhiri

Home Eligibility Check Application Forms My Information Raise a Concern

### Language Requirements

☐ I have read and accept the Board's English Language policy.

From the Information you have provided, It appears you meet **pathway 1** of the English language policy.

☐ I understand this is an Indication only and my application will be reviewed once it has been submitted.

Save for later

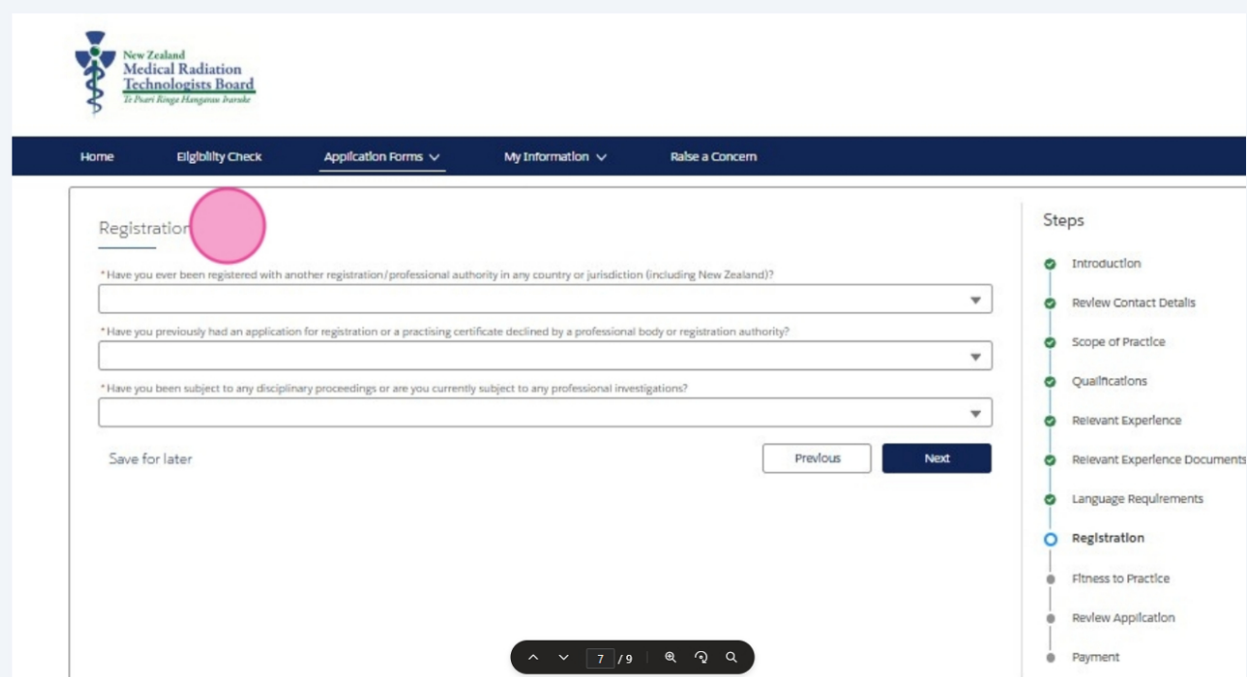
Previous Next

Steps

- Introduction
- Review Contact Details
- Scope of Practice
- Qualifications
- Supervisor Selection
- Language Requirements**
- Fitness to Practice
- Review Application
- Payment

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



New Zealand Medical Radiation Technologists Board  
Te Puni Kōwhiri Hanga Rau Kōwhiri

Home Eligibility Check Application Forms My Information Raise a Concern

### Registration

\* Have you ever been registered with another registration/professional authority in any country or jurisdiction (including New Zealand)?

\* Have you previously had an application for registration or a practising certificate declined by a professional body or registration authority?

\* Have you been subject to any disciplinary proceedings or are you currently subject to any professional investigations?

Save for later

Previous Next

Steps

- Introduction
- Review Contact Details
- Scope of Practice
- Qualifications
- Relevant Experience
- Relevant Experience Documents
- Language Requirements
- Registration**
- Fitness to Practice
- Review Application
- Payment

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9

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

**New Zealand Medical Radiation Technologists Board**  
Te Pūnui Kōwhiri Hangaunui

Home Eligibility Check **Application Forms** My Information Raise a Concern

### Fitness to Practice

\* Do you have any criminal convictions or do you have any criminal charges pending?

\* Do you have any 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.

Upload Files Or drop files

Save for later Previous Next

#### Steps

- Introduction
- Review Contact Details
- Scope of Practice
- Qualifications
- Supervisor Selection
- Language Requirements
- Fitness to Practice**
- Review Application
- Payment

10

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

**New Zealand Medical Radiation Technologists Board**  
Te Pūnui Kōwhiri Hangaunui

Home Eligibility Check **Application Forms** My Information Raise a Concern

### Review Application

#### Disclaimer

Please note the Board estimates applications can take up to 12 weeks to process from the date all requested documents have been provided.

#### Current Location Information

\* I am completing this application from within New Zealand

#### Final Declarations

☐ 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 application

☐ I agree I understand that if I am registered, I will be subject to practise in accordance with the following policies: Code of Ethical Conduct, 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 I have paid the applicable fee

#### Steps

- Introduction
- Review Contact Details
- Scope of Practice
- Qualifications
- Supervisor Selection
- Language Requirements
- Fitness to Practice
- Review Application**
- Payment

## 11 Finally, you will need to complete payment for your application

[Home](#)[Eligibility Check](#)[Application Forms](#) ▾[My Information](#) ▾[Raise a Concern](#)

### Payment

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 Aotearoa New Zealand graduate registration fee.

☒ I understand that the application fee is non-refundable

[Save](#)

[Proceed to Payment Gateway](#)

Please ensure all information you have submitted in your application is correct.

#### Steps

- ✓ Introduction
- ✓ Review Contact Details
- ✓ Scope of Practice
- ✓ Qualifications
- ✓ Supervisor Selection
- ✓ Language Requirements
- ✓ Fitness to Practice
- ✓ Review Application
- **Payment**