How to apply for an APC

1 On the Medical Radiation Technologists Board (the Board) website, login to your profile, and click "Application Forms"



✓ Outstanding Payments

2 Click "APC Application"

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The first page of the form covers statutory declarations and how we may use the information provided in the form.

ome	Eligibliity Check	Application Forms V	My Information 🗸	Ralse a Concern
Introc	luction			
By comp your resp Practition	ieting this appilcation form consibility to make sure you ners Competence Assurance	n, you are making a statutory decia ur declaration is correct and meets ce Act 2003, is an offence and pur	aration. You make a statutory di s all the necessary legal requirer ilshable on conviction to a fine i	eclaration when you need to confirm that something is true. It is ments. Making a false declaration, per section 172 of the Health not exceeding \$10,000.
Ui Bo ap Se	nder the Health Practitione oard) is legally required to o oplication form, you are cor ccretariat on behalf of the B	ers Competence Assurance Act 200 collect personal Information for th nsenting to have this information o 30ard.	03 (HPCA Act), Te Poarl Ringa H e purpose of assessing suitabilit collected and securely stored by	iangarau Iraruke the Medicai Radiation Technologists Board (the ty for registration and recertification. By completing this / Te Rangatopu Pūtalao a Rongoā the Medicai Sciences
PI Pe	ease note the Board shares erson Number (HPI CPN) sj	s some practitioner information w ystem.	lth the Ministry of Health as par	t of assigning and maintaining the Health Provider Index Commo
PI	ease click here to view the	Boards' privacy policy for informat	tion on how and when your info	rmation may be disclosed.
You are a	applying for a 2025/2026 p	practising certificate. The 2025/20	126 APC year runs from 1 April 2	2025 to 31 March 2026.

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You will have an opportunity to update any contact details that may have changed since you last made contact with the Board.

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Home	Elgiblilty Check	Application Forms V	My Information 🗸	Ralse a Concern
Please n	view your contact details as	nd ensure they are current and co	rrect.	
Please re • You • Plea Current	vlew your contact details ar ire required to enter your ci ie provide a personal email Details	nd ensure they are current and co urrent work address (If applicable address as your primary contact a	rrect.). address.	
Please n • You • Plea Current	vlew your contact details ai are required to enter your ci ie provide a personal email Details e	nd ensure they are current and co urrent work address (if appilcable address as your primary contact a Middle Name	rrect.). address.	Last Name
Please m • You • Plea Current First Nam	wlew your contact details ai are required to enter your ci ie provide a personal email Details e idress	nd ensure they are current and co urrent work address (if applicable address as your primary contact a Middle Name Secondary Em	rrect.). address. ail Address	Last Name Honorific/Title

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Next, select the scope of practice you want your Annual Practising Certificate (APC) to cover.

Note: You must apply for an APC in one scope at a time. Once your certificate is issued, you can apply through your online portal to add another practising scope.

iome	Eligiblilty Check	Appilcation Forms V	My Information 🗸	Ralse a Concern
Бсоре	e of Practice			
Select th	e scope of practice you wis	h to apply for a practising certific	ate in. If the scope you would il	ke to apply for Is not shown, please email the Board at
mrt@me	dscl.co.nz.			
You a	re applying for a new prac	ticing certificate.		
You a	re applying for a new prac	ticing certificate.		
You a	re applying for a new prac	ticing certificate.		

6 The form will make specific checks of your information to determine whether Return-to-Practice documents are required. You may be asked whether you have worked overseas or in another regulated profession since you gained registration or last held an APC with the Board.

Note: your application will be checked by one of our team to confirm the correct documents have been requested. Additional information may be requested after your submission of the application.

More information on Return-to-Practice requirements is available on our website.

Home	Eligibility Check Application Forms V My Information V Raise a Concern		
Γ		Ste	ps
∨ Ref	ning to Practice	0	Intro
You	PC application is subject to the Return to Practice policy. Please provide the following documents if applicable.	0	Con
• Cr	nal record check from any overseas country you have lived in for 12 months or more since ceasing practice in New Zealand		5001
	Upload Files Or drop files	Ĭ	300
		0	Add
Le	or Good standing from the kesponsible Authority you have been working under		Rele
	Optiod Files		Fltne
		Ī	
Upr	d CV		

7 Next, you will be asked to declare that you understand the relevant policies to your practice.

New Me Ten	'Zealand dical Radiation <u>thrologists Board</u> ari Ringe Hangmus burshe		
me	Eligibility Check Application Forms V My Information V Raise a Concern		
Relev	ant Polices	St	eps
Ih	ave read, and I understand the recertification CPD policy (this policy sets out the recertification requirements for medical imaging and radiation	0	Introduct
the the	rapy practitioners' engagement in continuing professional development (CPD))	0	Contact I
Ih	ave read, and I understand the Competence Standards (this document sets out the minimum requirements used to guide practitioners and ensure y are competent to practise).	0	Scope of
		0	Additiona
Ih mi	ave read, and I understand the Code of Ethical Conduct (this document sets out the standards of conduct or behaviour expected of registered dical imaging and radiation therapy practitioners).	0	Relevan
Ih	ave read, and I understand the Cultural Competence Policy (this document sets out the expectations of registered medical imaging and radiation		Fitness to
the the	rapy practitioners in respect of cultural competence).		Review A
The Me	Ical Radiation Technologists Board is one of eighteen New Zealand health responsible authorities appointed by the Minister of Health under the Health Incers Competence Assurance Act 2003 (the Act). The principal purpose of this Act is to protect the health and safety of members of the public by providing		Payment
for mec	anisms to ensure that health practitioners are competent and fit to practise their professions.		Proceed
-	For shore		

Then, you must declare that you are fit to practice. If you answer "False" or "Yes" to these questions, you will be required to provide further information.

ne Eligibility Check Application Forms V My Information V Raise a Concern	
Fitness to Practice	Steps
fo my knowledge I have no mental or physical conditions that may impact on my competence and fitness to practise within this scope of practice. True O False	Introduction Contact Details
fo my knowledge, there are no personal or professional matters the Council should be aware of that may affect my fitness to hold a practising certificate.	 Scope of Practice
am not subject to any disciplinary proceedings relating to my conduct) True () Faise	 Additional Information
have not previously had any application for registration declined by a professional body or registration authority? True Faise	Fitness to Practice
since you last held an APC with the Medical Radiation Technologists Board, have you taken extended leave for four weeks or longer due to an illness or injury?	 Review Application
Save for later Previous Next	Payment Proceed to Payment

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You will be asked to check that all information provided in the application form is true and correct, and to complete some final declarations.

TrPs	nitologistes Doard		
me	Eligibility Check Application Forms V My Information V Raise a Concern		
Revie	w Application	Ste	eps
Please re		0	Introdu
Final [Declarations	0	Contac
	I deciare ail Information within this application is true and correct and I understand that I am making a statutory deciaration. (making a faise deciaration, 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).	0 0	Scope o
	I understand my responsibilities as a registered practitioner according to the Code of Ethical Conduct	0	Relevar
5		0	Fltness
Dave 1	Previous Next	0	Revlev
			Payme
			Procee

10 Finally, some payment-related declarations,

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ne Eligiblilty Check	Appilcation Forms V	My Information 🗸	Ralse a Concern			
Payment					St	eps
The fee required for this application is	determined according to the !	Medicai Radiation Technologists	Board's gazetted fees.		0	Introduction
Payment Declarations					0	Contact Details
"I am completing this application from	within New Zealand				0	Scope of Practice
○ Yes ○ No					0	Additional Information
I agree to pay all required fees for	this application and understan	d the fees are non-refundable.			0	Relevant Poilcles
I understand that my APC applicat	tion will not be processed until	payment has been completed.			0	Fitness to Practice
						Review Appilcation
Save for later			Previous	Next	0	Payment
						Proceed to Payment

11 And then you must complete payment. Your application will not be considered until you have completed payment.

If you are unable to make payment immediately, you can do so later. Your application has been lodged in the system, and an outstanding payment will now be visible on the home page of your portal.

Home Elgibliity Check Application Forms 🗸	My Information V Raise a Concern	
Proceed to Payment		Steps
You will be charged 724.5 NZD for this application.		 Intr
When completing your payment, please do not close the browser un	tll we have confirmed your payment was completed successfully.	😋 Cor
	Proceed to Pryment Gatevay	© Sco
		Ø Add
Save for later		O Rei
		🗢 Fltr
		O Rev
		Pay
		O Pro