

Application for an Annual Practising Certificate (with a condition of Non-Clinical Practice)



Application made under Section 26 of the HPCA Act 2003
GST number: 73-081-092

Use this form if you are registered with the Board and

- you are applying for an APC (with the condition of non-clinical practice); **or**
- if you wish to have the condition of non-clinical practice added to your current APC.

If you have any questions, please email the Board at mrt@medsci.co.nz

The Board's [policy on non-clinical practice](#) is available at: www.mrrtboard.org.nz

Completed forms to be emailed to mrt@medsci.co.nz

PERSONAL DETAILS

Name:

Registration Number: 40-0

Email address:

Mobile:

You must maintain up-to-date contact information with the Board. Please log into your profile on the Board's website to update your personal, work or postal address.

SCOPE OF PRACTICE

I am applying for an annual practising certificate (with a condition of non-clinical practice) for the following scope(s) of practice:

Medical Imaging Technologist

Magnetic Resonance Imaging Technologist

Nuclear Medicine Technologist

Radiation Therapist

Sonographer

DECLARATIONS

I declare that:	Yes/No
I understand a practitioner engaging in direct-patient-contact is deemed to be practising clinically and therefore must hold an annual practising certificate.	
I understand if I wish to practice as a imaging and/or radiation therapy practitioner I will need to renew my annual practising certificate	
I understand non-clinical practice is medical imaging/radiation therapy related work that does not relate to the direct care of an individual patient.	
I am currently undertaking Continuing Professional Development activities	
I do not have any criminal convictions recorded against my name and no criminal charges pending punishable by imprisonment from a term of 3 months or longer.	
I know of no information that could cause the Board not to be satisfied that I am a fit person to be registered and hold a practising certificate	
I understand I am not subject to any disciplinary and/or investigations under section 16 of the HPCAA Act 2003	
I understand the annual practising certificate fee is non-refundable	
All the information provided with the application is true and correct in every particular	

Signature: _____

Date: _____

PAYMENT DETAILS

If you are currently holding a 2020/2021 APC or have already applied for your APC and made payment you are not required to make any additional payments.

If you are not holding a holding a 2020/2021 APC, you will be required to make a payment of \$460.

Payment options: Internet banking or Credit card

Internet banking payment:

Please include your registration number as the reference code.

Pay to: MRTB

Westpac 03 0502 0254967 00

Credit card payment:

Please debit my (tick one): Visa MasterCard

Card number:

CVV

Expiry Date: _____

Amount: _____

Cardholders Name: _____

Signature: _____