

# 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](mailto:mrt@medsci.co.nz)

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

Completed forms to be emailed to [mrt@medsci.co.nz](mailto:mrt@medsci.co.nz)

## PERSONAL DETAILS

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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

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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 <b>must</b> 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 <b>not</b> 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 2018/2019 APC you are not required to make any additional payments. If you are not holding a holding a 2018/2019 APC, you will be required to make a payment of \$400.

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                      MasterCard                      Visa

Card number:                      Name of card holder:

Expiry date:                      CVV:

Signature: \_\_\_\_\_

Date: