

**Renewal Notice**

This notice becomes a tax invoice when paid  
GST No: 73-081-211  
4 February, 2010  
**Registration No: 20-0**

*Mail Name:*  
*Address:*

**Renewal Notice for Annual Practising Certificate 2010/2011**

You must hold an Annual Practising Certificate if you intend to practise dietetics in New Zealand for all or part of the year 1 April 2010 to 31 March 2011.

The fee for the Annual Practising Certificate is **\$450.00** (incl. GST).

Payment may be made by cheque, payable to the Dietitians Board, or credit card (MasterCard or VISA). See the remittance advice section below.

To receive your Annual Practising Certificate before 1 April 2010, the Board must receive your payment and completed documentation by 19 March 2010.

**You cannot legally practise as a Dietitian, unless you have an Annual Practising Certificate or an Interim Practising Certificate.**

Please read the information enclosed

**REMITTANCE ADVICE**

Amount Due \$450.00

**Registration No: 20-0**

**Name:**  
*Please tick boxes*

I enclose my cheque for NZ\$450.00 made payable to the Dietitians Board.

Please debit my  MasterCard  VISA for the sum of NZ \$450.00 (Expiry Date below)

**0000 0000 0000 0000 0000**

Cardholder Name:..... Signature:..... Date:.....

**APPLICATION FOR RENEWAL OF ANNUAL PRACTISING CERTIFICATE 2010/2011**

**To: The Registrar  
Dietitians Board  
PO Box 10-140  
WELLINGTON 6143**

**Registration Number: 20-0**

**Application to the Registrar of the Dietitians Board for an Annual Practising Certificate (APC) \* (Section 26 (1) of the Health Practitioners Competence Assurance Act 2003).**

\*The Board may decide to issue an Interim Practising Certificate (IPC) instead, if you have not fulfilled the conditions, if any, imposed on you by the Board.

**Scope of Practice:** Dietitian

**Name:** I .....

**apply for an Annual Practising Certificate for the period 1 April 2010 - 31 March 2011.**

**DECLARATION**

*NB: For EVERY question below, please strike out the phrase that does NOT apply to you*

**1) I am / am not, as at the date of this application, practising dietetics.**

**2) For the period 1/4/09 to 31/3/10, I was / was not practising dietetics whilst holding an Annual Practising Certificate. If not, please explain why not:**

.....  
.....  
.....

**3) I believe to the best of my knowledge that I am competent and fit to practise dietetics and that there are no mental or physical conditions I am aware of, that may compromise that competence. Yes / No If the answer is No, please give details:**

.....  
.....  
.....

**4) I am / am not, participating in a Continuing Competency Programme relevant to practising dietitians, If this is not the Dietitians Board's Continuing Competency Programme, please describe. You may be asked to provide evidence.**

.....  
.....  
.....

**5) I will / will not be participating in the Dietitians Board's Continuing Competency Programme. (Note: Participation in the Board's Continuing Competency Programme is compulsory in order for you to be granted an Annual Practising Certificate. If your answer is negative, your application will be referred to the Board for their consideration)**

**I declare that the information included in this application form is true and correct.**

**Applicant's signature.....Date.....**

**Office Use Only:**  
Date APC issued:..... Or Date referred to Board.....

**OR**

If you do **not** intend to practise dietetics as a registered dietitian in the year from 1 April 2010 to 31 March 2011, you should complete either or both of the following boxes, applicable to you:

**Non practising declaration**

I .....(Name) declare that I will not be practising in the 2010/2011 year and have therefore not applied for an Annual Practising Certificate. I also understand that no person may claim to be practising the profession of dietitian, or state or do anything that is calculated to suggest that the person practises, or is willing to practise dietetics, unless the person is a dietitian; and holds a current practising certificate as a dietitian (reference part 1, section 7 Health Practitioners Competence Assurance Act 2003).

Signed .....Date.....

Reason for not practising .....

**NB:** When you decide to return to work, you will need to obtain an APC application form from the website.

**OR**

**Request to have entry in the Register cancelled under HPCA Act, part 6, s142 (1)**

I .....(Name) ask that my entry in the Register of Dietitians, relating to me be cancelled. I understand that once the Dietitians Board has directed the Registrar to cancel my entry, I am no longer registered.

Signed.....Date:.....

**Register Information**

<b>Name</b>	<b>Registration Code:20-0</b>
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**Changes to Register Information**

**Change of address**

You are required by law to promptly inform the Registrar of the Dietitians Board in writing, of any change in your postal address, residential address, and if applicable, your work address. Please also send your **current email addresses** (newsletters are **only** sent electronically) and daytime telephone number. Please specify below any changes to the details that may be held by the Board.

**Change of name**

Within one month after changing your name, you must give the Registrar written notice of your new name. You must send the Board a copy of the document changing your name (e.g. marriage certificate), or statutory declaration as evidence of your name change.

<b>Residential Address</b>	<b>Postal Address</b>	<b>Work Address</b>

<b>Main e-mail address:</b>		<b>Secondary e-mail address:</b>	
<b>Home phone no:</b>	<b>Mobile phone no:</b>	<b>Work phone no:</b>	<b>Date of Birth</b>
<b>Ethnicity: please state your ethnicity</b>			

**Dietitian's Checklist**

Please ensure you have enclosed the following paperwork in the envelope, and returned it to the Board by **19 March 2010**:

- 1) The completed and signed application form,
- 2) Remittance advice,
- 3) Payment by cheque or credit card,
- 4) The completed Ministry of Health Workforce Survey,
- 5) The APC Credit Summary (one page **only**) – declared and signed

**INFORMATION FOR APPLICANTS APPLYING FOR AN ANNUAL PRACTISING CERTIFICATE**

(Please take time to read all the information sent to you, as it is important).

You may keep this information for your further reference, but remember to send in the remittance advice **and** application pages).

**PLEASE NOTE: It is the registered health practitioner's responsibility to make sure they hold a current practising certificate. This responsibility cannot be passed on to an employer.**

**Introduction:** The Health Practitioners Competence Assurance Act 2003 (HPCA Act) is designed to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise.

No person may claim to be practising a profession as a health practitioner of a particular kind or state or do anything that is calculated to suggest that the person practises or is willing to practise a profession as a health practitioner of that kind unless the person is a health practitioner of that kind; and holds a **current** practising certificate of that kind.

There are grounds set out in part 2, S 27 (1) of the HPCA Act under which the Registrar must submit an application to the Board for its consideration. They are as follows:

- A the applicant has, at any time, failed to maintain the required standard of competence; or
- B the applicant has failed to fulfil, or has failed to comply with, a condition included in the applicant's scope of practice: or
- C the applicant has not satisfactorily completed the requirements of any competence programme that he or she has been ordered by the authority to complete; or
- D the applicant has not held an annual practising certificate of a kind sought by the application within the 3 years immediately preceding the date of the application; or
- E the applicant is unable to perform the functions required for the applicant's profession because of some mental or physical condition: or
- F the applicant has not, within the 3 years immediately preceding the date of application, lawfully practised the profession to which the application relates.

You will be treated as a holder of an Annual Practising Certificate from the date when the authority receives the application, including payment, until the date it is issued or you are notified that it will not be issued (ref part 2, S 30 (3) of the HPCA Act).

**Instructions:** The remittance advice must be returned with the payment, the completed and signed application form and the completed Workforce Survey form by **19 March 2010**. You must also include the **APC Credit Summary** declaring that you have **achieved at least ten** credits, or pro-rata in the Continuing Competency Programme in the past year. **Failure to do this may mean that you are not able to legally practise on 1 April 2010.**

Only original documents can be processed, so please do not send faxed APC application forms and payments for processing.

**Late Payments:** The renewal fee for an APC, if received after 1 April 2010, will be **\$600**. If you practise without a current APC from 1 April, then you are practising illegally.

**Payment Options:** Payment may be made by cheque or the following credit cards: MasterCard and VISA. Please do not send cash or post-dated cheques.

**Cheque Payments:** These are to be made payable to the Dietitians Board.

**Credit Card Payments:** Please ensure your card number and expiry date are completed on the remittance advice and that your card number is legible.

**Making your Payment:** Return your cheque, **or** credit card payment, together with the remittance advice, the signed and completed application form and the APC Credit Summary, by **19 March 2010**. Please note that it is your personal responsibility to apply for an APC in a timely manner. If your employer pays your APC fee, it is still your responsibility to see that this is done. Bulk payments from employers are not usually accepted.

**Ministry of Health Workforce Survey:**

Please complete the Ministry of Health 2010 Workforce Survey. This information provides statistical data, which can be of great value to your profession. Also on the website will be the pamphlet on 'Summary results from the 2009 Health Workforce Survey'.

**ETHNICITY:** If you haven't already done so, please state your **Ethnicity**, (as per the Workforce Survey categories).

**Contacts:** You are reminded that you are legally obliged to let the Board know your changes of address (and email address please) even when you are not practising.

**Reminder:** To ensure you receive your new certificate before the commencement of the new APC year on 1 April 2010, your payment and all enclosures must be received by **19 March 2010**. If you have mislaid your personalised application form you should download another APC renewal application form from the Board's website, or ask the Registrar for a new form. However, only the first form will be personally encoded for you.