



# DIETITIANS BOARD

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NZ Dietitians Board GST No. 73-081-211

## PAYMENT FORM

<b>NAME:</b>		<b>DATABASE NO:</b>	
<i>Tick Required Item</i>		<i>Fees include GST</i>	
<b>p</b>	<b>SERVICES</b>	<b>FEE</b>	<b>AMOUNT</b>
<input type="checkbox"/>	Application for Registration:	\$250.00	
<input type="checkbox"/>	*Issue of an Annual or Interim Practising Certificate	<b>\$450.00*</b>	
<input type="checkbox"/>	Part payment of annual practising certificate for period 1 December to 31 March in any year	\$240.00	
<input type="checkbox"/>	*Renewal of an annual practising certificate purchased before the 1 April commencement of the APC year	<b>\$450.00*</b>	
<input type="checkbox"/>	*Issue of an annual practising certificate, if paid after 31 March, whilst holding a practising certificate for the previous year	<b>\$600.00*</b>	
<input type="checkbox"/>	Issue of any other certificate or copy of certificate	\$52.00	
<input type="checkbox"/>	Supply of copy of entry in the Register:	\$30.00	
<input type="checkbox"/>	Supply of a document, other than certificate of registration, for the purpose of seeking registration overseas	\$52.00	
<input type="checkbox"/>	Equivalency assessment of overseas trained dietitians' qualifications	\$400.00	
<input type="checkbox"/>	Sit the examination (Overseas Candidates Registration Examination).	\$750.00	
<input type="checkbox"/>	Sit individual written question in the examination (Overseas Candidates Registration Examination).	\$150.00	
<input type="checkbox"/>	Sit individual oral question in the examination (Overseas Candidates Registration Examination).	\$150.00	
<input type="checkbox"/>	Restoration of Name to Register:	\$50.00	
		<b>TOTAL</b>	<b>\$</b>

## Payment Details

**\*Effective from 1 April 2008**

All fees must be paid in New Zealand dollars (NZ\$) by bank draft, New Zealand trading cheque or credit card. Your application cannot be processed if payment is received in a foreign currency.

### CHEQUE OR BANK DRAFT

Enclosed is my cheque / bank draft for NZ\$ \_\_\_\_\_ made payable to the "Dietitians Board"  
or

**CREDIT CARD:** *(tick one)*     Visa     Mastercard

Card Number    C C C C    C C C C    C C C C    C C C C

Expiry Date: Month/Year \_\_\_\_\_ Amount (NZ\$) \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

FOR OFFICE USE ONLY

Authorisation No. \_\_\_\_\_ Banked: \_\_\_\_\_ Initial \_\_\_\_\_