



**Dietitians Board
PO Box 10-140
WELLINGTON
New Zealand**

Overseas Applicants

Application for:

Equivalency Assessment of Education and Training (thereafter known as **Equivalency Assessment)**

You must be registered with the Dietitians Board and hold a current practising certificate before you can lawfully practise in New Zealand OR call yourself a Dietitian.

The purpose of this Equivalency Assessment is to ‘evaluate’ your Qualifications, Education and Training against the New Zealand training for dietitians. This is why we ask for ALL relevant material that may assist in your application to become a Registered Dietitian in New Zealand.

Separate application forms for registration and for a practising certificate will need to be completed and the required fees paid. You may apply for registration and a practising certificate if / when the Board has informed you that you are equivalent, or near equivalent, to the New Zealand standards. The Board will however require a copy of your job offer / job description before you start to practise.

Please ensure you read the checklist on page nine, and send all the documentation with this signed and completed form to the Dietitians Board:

Board use - Date received stamp	Board use - Date fee banked stamp	Board use - Database Number

Equivalency Assessment Application:

Please complete this form in **BLOCK LETTERS**, for example: ANN SMITH.

You will be required to tick or circle a response to some questions.

To: The Registrar
Dietitians Board
PO Box 10-140
Wellington
New Zealand

I wish to apply for:

Equivalency Assessment to become a New Zealand Registered Dietitian Tick

I have previously applied for Equivalency Assessment, or Registration with the Dietitians Board in New Zealand.

Yes No

If the answer is yes, please advise the month/year.....

Personal Details

Title: Miss, Ms, Mrs, Mr, Dr *Circle one*

Gender: Female Male *Tick one box*

First name/s:

Surname:

Former Surname:

Date of Birth: _____

Enclose a **certified** copy of your birth certificate OR passport

Tick

Enclose **certified** evidence of name change, if applicable, for example a marriage certificate

Tick

I intend to arrive / have arrived in New Zealand on or about the following date: _____

My residency status and / or intentions for residency will be: _____

The purpose of my travel to New Zealand is: _____

Residential address:

<i>Postal address:</i>	
	<i>Post code:</i>

<i>Work address (if applicable):</i>

<i>Daytime telephone number:</i>	<i>Mobile number:</i>	<i>Evening telephone number:</i>

<i>Preferred or main email address:</i>
<i>Other or secondary email address:</i>

Curriculum Vitae (CV) or Résumé

Enclose your Curriculum Vitae (CV) or résumé <input type="checkbox"/> <i>Tick</i>
Please ensure your CV is sufficiently detailed and accurate - in some cases the Board may also take into account when assessing equivalency, the relevant dietetic work experience of an individual who has been working for five or more years.

Communication and Comprehension in English language

Is English your first language? Yes <input type="checkbox"/> No <input type="checkbox"/> (<i>Tick one</i>)
If you answered 'No' you must enclose certified evidence of an overall pass of at least 7.5, with a minimum of 7.0 in each band, in the International English Language Testing system (IELTS) <input type="checkbox"/> <i>Tick</i>
NB: Applications for "Equivalency Assessment of Education and Training" are only accepted once you have provided evidence of a successful IELTS pass (if English is your second language).

Dietetic Pre-requisite Education and Training (Tertiary)

(NB: For example, your Bachelor of Science degree)

<i>Dates from:</i>	<i>to:</i>	<i>Length of training (in weeks):</i>
<i>Educational institution:</i>		
<i>Qualification gained and year:</i>		
<i>Country:</i>		
<i>Subjects studied:</i>		
Provide syllabus, or list on separate sheet, showing content of papers and contact hours of study (for each subject)		<input type="checkbox"/> <i>Tick</i>
Enclose certified official academic transcripts		<input type="checkbox"/> <i>Tick</i>
Certified evidence of the successful completion of the course is enclosed (degree document)		<input type="checkbox"/> <i>Tick</i>

ALL Education and Training Related to your Dietetic Career

(NB: For example, a Postgraduate Diploma in Dietetics and / or a Master degree in Dietetics)

<i>Dates from</i>	<i>to</i>	<i>Length of training (in weeks):</i>
<i>Educational institution:</i>		
<i>Qualification gained and year:</i>		
<i>Country:</i>		
<i>Subjects studied:</i> _____ _____		
Provide syllabus, or list on separate sheet, showing content of papers and contact hours of study (for each subject, including placements)		<input type="checkbox"/> <i>Tick</i>
Enclose ALL academic transcripts, certified		<input type="checkbox"/> <i>Tick</i>
Certified evidence of the successful completion of the course is enclosed		<input type="checkbox"/> <i>Tick</i>
Please use additional sheets of paper if required to include all relevant education and training.		
or		
I have arranged for the institution to forward evidence to the Board that I have completed my course		<input type="checkbox"/> <i>Tick</i>

Registration outside New Zealand and/or membership of Dietetic Associations

I am / am not (*delete one*) registered with a registration authority outside New Zealand.

Applicants who have dietetic qualifications gained in countries other than New Zealand must provide a **certified** Certificate or letter of Good Standing from the registration authority. The Certificate must be dated, signed and not more than six months old, and address the following questions:

Is the applicant the subject of any disciplinary proceedings?

Is the applicant under investigation?

Is the applicant subject to any orders of a professional disciplinary tribunal?

Note: In countries where there is no registration body, a Certificate of Good Standing from the professional Dietetic association must be supplied. Please also provide a copy of your Annual Practising Certificate or Licence.

Certified Certificate of Good Standing enclosed

Tick

Certified copy of your Annual Practising Certificate or Licence

Tick

Certified evidence of membership of your local Dietetic Association

Tick

Have you been registered with any other health occupational registration authority? Yes No Tick one

If yes, which authority and when?

Certification and Translation of Documents

Please note:

All documents which are not in English, must be accompanied by an official **English translation**

and

All documents supporting your application must be the original, **or** correctly certified copies of the original.

(A **certified copy** is a direct copy (photocopy) of an original document certified by an official with the necessary legal power such as: a Justice of the Peace, solicitor, or Notary Public. The official must sign with his/her name, position **and** an official seal or stamp to show the certifier is genuine, clearly visible beneath the signature.)

Two References of your character and fitness (See Referee's form attached)

Please state below the details of two referees who have known you for more than 12 months and who are not close relatives. At least one referee should be a PRESENT OR PAST EMPLOYER. Please copy the attached form to your referees and arrange for them to forward their references directly to the Board. NB: At least one of the references should be on the appropriate letterhead paper.

Please note that the applicant is expected to ensure the referees send their references direct to the Board at: PO Box 10-140, Wellington, New Zealand. Without these your application cannot proceed.

(NB: The form may be faxed to initiate the assessment process, but the original must then be posted immediately)

(i) Referee's name:
Address:
Email contact:
Telephone/Fax numbers:
(ii) Referee's name:
Address:
Email contact:
Telephone/Fax numbers:

Application fees

Please note that the fees are in New Zealand dollars (inclusive of New Zealand Goods and Services Tax) and are non-refundable. Please pay in NZ Dollars by bank draft, bank cheque or international money order payable to the 'Dietitians Board'. You may also pay by credit card - the Board accepts payments by Visa or Mastercard.

Complete and enclose the Fees Payment Form **before** your application can proceed

Equivalency Assessment Tick

You **must** pay the fee for assessment of your education and training equivalency with this application form.

NB: You pay the fees for registration and a practising certificate when / if you are advised by the Board that you are equivalent or near equivalent to the NZ qualifications.

You pay the fees to sit the Overseas Candidates Registration Examination when / if advised by the Board.

Declaration

PLEASE CONSIDER THE DECLARATION BELOW CAREFULLY BEFORE YOU SIGN

I solemnly and sincerely declare that:

1. All of the information provided with this application is true and correct in every particular detail.
2. I have not been convicted by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer.
3. I do not have a mental or physical condition that precludes me functioning as a safe and competent practitioner.
4. I am not the subject or have ever been the subject of professional discipline by any other health occupational registration authority.
5. I know of no information that could cause the Dietitians Board not to be satisfied that I am a fit and competent person to be registered.
6. I understand that in being accepted to register with the Scope of Practice of Dietetics in New Zealand, I am required to participate in the Board's Continuing Competence Programme.
7. I undertake not to practise without holding a current practising certificate.
8. I will provide the Dietitians Board with any such further information as it may require.

If you cannot make any of the above declarations, strike it out and state why in the following box:

SIGNED BY:

Name: _____
(Print Full Name of Applicant) (Signature of Applicant)

Declared at: _____ this _____ day of _____ 20____

IN THE PRESENCE OF:

Name: _____
(Print Full Name of Witness) (Signature of Witness)

Witness's Address: _____

Witness's Occupation: _____

(Please note: A witness must not be a relative or a close friend)

References of Character and Fitness

Detach this page, copy and give to your referees. The referees must send their references direct to the Dietitians Board. A faxed copy must be followed by the original being posted immediately to the Board.

Referee Requirements

Only supply a reference if:

- 1. You are **not** a close friend or relative of the applicant*
- 2. You have known the applicant for at least 1 year*
- 3. You are in a position of responsibility and are a professionally qualified person such as a dietetic supervisor, lawyer, engineer, doctor, school teacher, police officer or a person of similar standing.*

This information sheet is provided to assist people preparing references for applicants for registration within the Scope of Practice of Dietetics with the Dietitians Board in New Zealand.

To assist the Board referees should comment to the best of their knowledge on:

- The capacity in which they know the applicant.
- The applicant's character, i.e. is the applicant an honest and trustworthy person.
- Whether the applicant is a suitable person for registration, i.e. do you believe that the applicant is competent to be registered as a dietitian. (Referees may not always be able to comment on this).
- The fitness of the applicant to practise dietetics; the law specifies a number of fitness criteria:
 - able to communicate effectively for the purposes of practising;
 - able to communicate in and comprehend English sufficiently to protect the health and safety of the public;
 - not been convicted of an offence punishable by imprisonment for a term of 3 months or longer;
 - not have a mental or physical condition that precludes them functioning safely as a dietitian;
 - not subject of, under investigation or subject to an order relating to professional disciplinary proceedings.

Please make sure that the name of the person for whom you are providing a reference is clearly stated on the reference and that, whenever possible, it is submitted on the letterhead of your organisation.

The Dietitians Board thanks you for your time in reading this information and preparing a frank reference. Please send the **signed** reference **directly** to:

Dietitians Board
PO Box 10-140
Wellington
NEW ZEALAND
Telephone: +64 4 474 0746
Facsimile +64 4 474 0709 (from 19 May 2008)

Applicant Information - Documentation Required - Checklist For Applicants

Applicants must ensure they include the following documentation with their application:

1. Certified copy of your **birth certificate or passport** and, evidence of name change, that is, your marriage certificate or other evidence.
2. If English is not your first language, positive results from an approved **English language** examination (IELTS), gained within the last year.
3. Details and evidence of your dietetic qualifications, training and examinations passed, including:
 - a detailed and certified **official Academic Transcript** of your under-graduate pre-requisite, any postgraduate dietetic training and any other degrees and courses, giving the subjects taken, credits and marks obtained;
 - the **academic syllabus or course handbook** giving a description of the content of each paper, including laboratories and clinical placements in the training course(s). It is essential that the hours are also listed for each subject – including the lecture and practical hours;
 - a certified copy of your **dietetic degree, other degrees and/or diploma certificates**;
- NB: You are being assessed for equivalency to the NZ qualification - it is therefore in your interests to provide as much detail as possible.
4. A Certificate of Good Standing from your National or State registration/licensure body, a copy of annual practising certificate/licence and evidence of membership of your local Dietetic Association, where held.
5. Your detailed **Curriculum Vitae** or résumé.
6. Names, addresses, contact telephone numbers and fax numbers of **two referees**. At least one referee should be someone with whom you have worked - A PRESENT OR PAST EMPLOYER. Please arrange for the referees to forward their references direct to the Board. **Please note:** the registration process cannot be started until these have been received.
7. The completed **Application Form for Equivalency Assessment**, including the Declaration, signed and witnessed.
8. The completed **Fees Payment Form and payment**.

Please post everything to:

The Dietitians Board
PO Box 10 140
Wellington
New Zealand

A reminder

All documents which are not in English must be accompanied by an official English translation and that all documents supporting your application must be the original, or certified copies of the original.

A certified copy is a direct copy (photocopy) of an original document certified by an official with the necessary legal power such as: a Justice of the Peace, solicitor or Notary Public. The official must sign with his/her name position and official seal or stamp to show the certifier is genuine, clearly visible beneath the signature.