



DIETITIANS BOARD

Level 5, 22 Willeston St (courier deliveries)
PO Box 9644, Wellington 6141
NEW ZEALAND
Email: dietitians@dietitiansboard.org.nz
Website: www.dietitiansboard.org.nz

NZ Dietitians Board GST No. 73-081-211

SERVICES INVOICE/PAYMENT FORM 2019/2020 (from 1 April 2019)

This is not an application or a declaration form – you need to complete applications relevant to Registration and APC separately.

NAME:		REGISTRATION NO:	
<input checked="" type="checkbox"/>		FEE (inc GST)	AMOUNT
Registration			
	New Zealand Graduate Registration	\$300.00	
	Australian Practising Dietitian (APD) Registration (via Mutual Recognition Voluntary Relationship Charter- MRVRC)	\$350.00	
	Recognition of Dietetic Qualifications for ALL Overseas Trained Dietitians (Excluding MRVRC)	\$1000.00	
	<i>Overseas Trained Dietitian Registration Written MCQ Examination</i>	<i>Paid direct to DAA</i>	
	Overseas Trained Dietitian Registration Oral OSCE Examination	\$1000.00	
	Overseas Trained Dietitian Registration	\$300.00	
	Application for Return to Practice	\$175.00	
	Restoration of name to Register	\$150.00	
Annual Practising Certificate (APC)			
	Issue of an Annual Practising Certificate	\$575.00	
	Issue of an Annual Practising Certificate, if paid after 31 March, whilst holding an APC for the previous year	\$759.00	
	Part payment of Annual Practising Certificate for period 1 December to 31 March in any year	\$307.00	
	Annual Non-Practising Dietitians – Maintenance of Registration	\$50.00	
Other services			
	Replacement Registration Certificate	\$65.00	
	Certificate of Good Standing	\$65.00	
		TOTAL	\$

Payment Details

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.

I have paid by **Internet Banking** – my reference was _____

(Bank account for payment **03-0502-0254-940-000** – please reference your name and registration number)

CREDIT CARD: *(tick one)* Visa Mastercard

Card Number

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

Cardholder's Name _____ Signature: _____

OFFICE USE ONLY

Amount Paid \$ _____ Payment for: ASSESS EXAM REG APC CERT Year: _____

Payment Method: Internet Banking Approved M'card Visa Approval No: _____ Entered on Database Sent to CS

Signed: _____ Date: _____