Registration in the Scope of Practice: Dietitian, Provisional Application Form

Dietitians Board
Te Mana Mātanga Mātai Kai

Instructions

Before starting your application, please review the ***Supervision, Orientation and Induction for Overseas Trained Dietitians Policy*** and the ***Guidelines for Employers & Supervisor of Overseas Trained Dietitians*.**

If you have any questions or concerns about the process, please contact the Board's office using the following contact information: dietitians@dietitiansboard.org.nz or +64 4 474 0746.

Please ensure you submit your application with all required documentation. Complete applications are to be submitted via email to dietitians@dietitiansboard.org.nz.

1. **Name all electronic documents** using your surname followed by a brief description (e.g., Smith Qualification).

2. Applications will only be accepted when all required documentation from Documentation Checklist 1 is attached to a **single email**. Incomplete or partial submissions will not be retained. Depending on the quantity and size of the documents, you may need to compress the documents into a single ZIP file before submission.

3. On receipt of your complete application, you will be invoiced for the fee: **NZ$400.00**, payable via the Dietitians Practitioner Portal. Your application will not be processed until the fee has been received.

4. **Certified Copies** must be:
    - a photocopy of an original document certified by a Justice of the Peace, Solicitor, Judge, Notary Public or Officer gazetted to take statutory declarations.
    - signed by the certifier and include the printed full name, position or designation with the statement "Certified true copy of original document sighted."
    - stamped or sealed by the certifier
    - certified within the previous 6 months

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Mandatory requirements

If you cannot answer Yes to both questions, you are not eligible to apply. You may wish to contact our office directly.

Yes	No	
☐	☐	Have you submitted an Eligibility for Registration Application?
☐	☐	If your Eligibility for Registration Application was successful, have you completed the interim steps as explained in the letter you received from the Board?

Documentation Checklist 1 – use to ensure you submit all required documentation

Orientation, Induction and Supervision Plan

☐	Orientation, Induction and Supervision Plan	*The Plan must conform to the expectations of the Board's Supervision, Orientation and Induction for Overseas Trained Dietitians Policy. There is a checklist in the Guidelines that employers may find useful when drafting the plan.*
☐	Supervisor and Applicant have both signed the Plan.	

Identity

☐ If there has been a change of name since your Eligibility Application, please provide certified copies of any related documents, e.g.:

- Birth certificate
- Marriage certificate
- Divorce certificate
- Legal name change affidavit.

Fitness for Registration

☐	If required, certified copy of criminal conviction / police report from your current country of residence	*Required if Eligibility for Registration Application was more than 12 months previous.*

Other

☐ Completed application form

Documentation Checklist 2 – to be sent directly to the Board

Certificate(s) of Good Standing (COGS)

☐	If required, have you requested a Certificate of Good Standing to be emailed directly to the Board at dietitians@dietitiansboard.org.nz?	*A COGS is required from the authority of current registration if Eligibility for Registration Application was more than 12 months previous.*

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Personal Details				
First Name(s)				
Preferred Name				
Middle Name(s)				
Last Name				
Gender	☐ Female	☐ Male	☐ Non-binary	☐ Gender fluid
	☐ Other (please specify):			☐ Choose not to answer
Pronouns	☐ she/her/ia	☐ he/him/ia	☐ they/them/ia	
	☐ Other (please specify):			☐ Choose not to answer
Ethnicity				
Postal Address				
		Postcode		
Email				
Secondary email				
Work Phone		**Home Phone**		
Mobile Phone				

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If your *Eligibility for Registration Application* was more than 12 months previous, please complete the following questions.

In order to protect the health and safety of the New Zealand public the Board must establish that you are fit for registration. Please answer all the following questions and where necessary provide relevant information. You may be required to provide additional information depending on your response to the following questions.

The disclosure or existence of any medical conditions, offences or disciplinary action does not automatically result in being unsuitable for registration.

	Yes	No
a. Are you able to communicate effectively for the purposes of practising as a dietitian?	☐	☐
b. Are you able to communicate in and comprehend English to a standard sufficient to protect the health and safety of the public?	☐	☐
c. Has any application you have made for registration, certification or licensing as a health practitioner or as a provider of healthcare services been refused for any reason in any country, state or territory?	☐	☐
d. Has any registration you hold or have held, as a health practitioner, been made subject to any limitations, restrictions or conditions (including supervision requirements) on your practice?	☐	☐
e. Do you suffer (or have you ever suffered) from any mental or physical condition that may impair your ability to perform the functions required to practise as a dietitian? This might include, for example, epilepsy, an infectious disease or a condition or alcohol or drug use if these conditions may impair your ability to practise as a dietitian.	☐	☐
f. Have you been, or are you currently, under investigation by the Police in Aotearoa New Zealand or overseas (include traffic offences involving alcohol or drugs)?	☐	☐
g. Have you been convicted of any offence by any Court in Aotearoa New Zealand or overseas?	☐	☐
h. Have you ever been or are you currently subject to any investigation by an educational institution in New Zealand or elsewhere?	☐	☐
i. Have you ever been the subject of, or are you currently subject to:		
• Investigation relating to any matter that may result in or has resulted in professional disciplinary proceedings by a regulatory authority or employer in New Zealand or overseas?	☐	☐
• A formal competence review (or similar process) or a restriction on your practice based on your clinical performance?	☐	☐
• Are you now or have you ever been, subject to an adverse finding in any disciplinary action in Australia, New Zealand or elsewhere?	☐	☐
• Has any registration you have held, in any country, been suspended, withdrawn, revoked, cancelled and/or removed for any reason?	☐	☐
• Have you ever had your employment as a dietitian terminated on the grounds of misconduct or for reasons related to competence?	☐	☐

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Additional Information
Please use this section to explain further if you answered yes to any of the above questions. You are welcome to use a separate document if needed.

Declaration and Authorisation

I, _____ (full name)

declare that the details given in this application are true and correct.

I understand that providing false or misleading information may be grounds for declining my application.

I make this declaration in the knowledge that a false declaration may lead to disciplinary action and/or a conviction and fine (up to $10,000.00) under section 172 of the Health Practitioners Competence Assurance Act 2003.

Signature: **Date:**