



New Zealand Dietitians Board
Te Mana Mātanga Mātai Kai

Overseas Trained Dietitian Application for Registration

NAME OF APPLICANT:

To lawfully practise in New Zealand OR call yourself a Dietitian, you:

- must be registered with the Dietitians Board, and
- hold a current Annual Practising Certificate (APC)

You may apply for registration when your dietetic qualifications have been recognised and you have successfully completed the Dietitians Board Registration Examinations.

An Annual Practising Certificate (APC) is applied and paid for separately after you have been granted Registration.

REGISTRATION APPLICATION FEE: \$300

Please post this application to:

Postal Address:

The Registrar
Dietitians Board
PO Box 9644
Wellington 6141
NEW ZEALAND

Courier Address:

The Registrar
Dietitians Board
Level 5
22 Willeston Street
Wellington 6041
NEW ZEALAND

If you have any questions, please contact the Board:

Phone: (+64) 4 474 0746

Email: administration@dietitiansboard.org.nz

Website: <https://www.dietitiansboard.org.nz/>

REGISTRATION APPLICATION FOR OVERSEAS TRAINED DIETITIAN

I
Wish to apply to the Dietitians Board, for Registration to become a New Zealand Registered Dietitian.

Recognition of Dietetic Qualifications (Date of Advise ment)

Successful completion of the Dietitians Board Registration Examination (Date of Advise ment)

English is my first language: Yes / No

If **NO**, certified evidence of meeting the language requirements was submitted on (Date)

Pass Scores: **Pass Date:**

PERSONAL DETAILS

Title: Miss / Ms / Mrs / Mr / Dr / Mx (circle one) Gender: Female / Male / Not specified (circle one)

Preferred name:

First name:

Middle name/s:

Family name:

Previous name/s (if applicable):

Date changed (please attach evidence of former name/s):

Date of birth:

Ethnicity:

Primary contact phone number:

Secondary contact phone number:

Primary email address:

Secondary email address:

Postal address:

City: Postcode:

I have/ have not been offered a position in New Zealand (please provide details):
.....

Workplace:

Workplace address:
.....

City: Postcode:

DECLARATION

PLEASE CONSIDER THE DECLARATION BELOW CAREFULLY BEFORE YOU SIGN.

I solemnly and sincerely declare that:

1. To the best of my knowledge, I meet the requirements of section 16 of the Health Practitioners Competence Assurance Act, in that I am fit for registration. In particular:
 - a. I am able to communicate effectively for the purposes of practising within the scope of practice in which I seek registration True False
 - b. I am able to communicate in and comprehend English to a standard sufficient to protect the health and safety of the public True False
 - c. I have no convictions in any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer True False
If false, please provide details of the offence, the duration of the sentence, the time that has elapsed since the conviction, and any other information you consider the Board should know about the conviction.
 - d. I have no mental or physical condition that may mean I am unable to perform the functions required for the practice of the profession True False
If false, please provide details of the mental or physical condition, and letter from a registered medical practitioner dated not more than one month prior to the date of your application for registration, which outlines your relevant medical history, treatment plan, prognosis, and the medical practitioner’s opinion on your fitness to practise your profession.
 - e. There are no professional disciplinary proceedings against me in New Zealand or in another country True False
 - f. I am not under investigation, in New Zealand or any other country, in respect of any matter that may be the subject of professional disciplinary proceedings True False
 - g. I am not subject to an order of a professional disciplinary tribunal, in New Zealand or anywhere else, or to an order of an educational institution, or to an order of an authority (i.e. health occupational registration authority) or similar body True False
2. 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.
3. I understand it is illegal to practise without holding a current Annual Practising Certificate (APC).

I make this solemn declaration conscientiously believing the same to be true and by virtue of the *Oaths and Declarations Act 1957*.

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

.....

SIGNED BY:

Full Name of Declarant:

Signature of Declarant:

Declared at: (time) on this (date) day of (month) 20..... (year)

IN THE PRESENCE OF:

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 or housemate.

(Section 172 of the Health Practitioners Competence Assurance Act 2003 provides for a fine not exceeding \$10,000 and penalties for a person who knowingly makes a false declaration or representation to the Board).

PAYMENT

Fee for Overseas Registration Application: \$300 incl GST

Internet Banking

I have paid by internet banking on (date):

My reference was (please use your full name):

Bank Account number: 03-0502-0254-940-000

OR

Credit Card

Please debit my (please tick one)

MasterCard

Visa

the sum of NZ\$

Card number: _ _ _ _ _ _ _ _ _ _

Expiry date (Month/ Year):

Cardholder's name:

Cardholder's signature:

OFFICE USE ONLY

Amount paid: **Payment for:** ASS EXAM REG APC CERT **Year:**

Payment method: Internet banking Mastercard VISA Sent to CS

Approval number: **Entered on database:** **Signed:** **Date:**