



# Recertification Return to practice request

All applications for returning to practice must include:

1. a **cover letter** addressed to the Registrar, *and*
2. **this form**, *and*
3. an up-to-date **Curriculum Vitae**.

*The cover letter should set out the reasons for the application, summarise your career pathway since you last practised in New Zealand, and specify any other factors you feel should be considered in your application for returning to practice e.g. other relevant work experience, further qualifications, courses completed.*

Your application should also contain:

- **Details of any continuing competency** you have undertaken over the time you have not been working as a Dietitian - in date order with full course titles and duration where appropriate, and your plans for future professional development.
- **Certificate of Good Standing** and/or proof of Registration with Health Professions Council/credentialing agency/regulatory authority, if applicable.
- Names and contact details of **two referees**.
- Any other supporting documentation you feel would be relevant to your application.

*NOTE: If you have lived overseas for more than 2 years you may be required to provide a **criminal conviction report** – please check with the Board’s office prior to submitting your application.*

## Personal Details

Previous Registration number: 20-..... Title: Dr / Mr / Miss / Mrs / Ms

First name/s and family name: .....

Previous name/s (if any): .....

Postal address: .....

.....

City: ..... Postcode: .....

Phone: .....

Email address: .....

## Practice History

Date you last practised Dietetics: .....

Year you last held an APC in NZ: .....

Total number of years/months working in NZ as a Dietitian with an APC prior to taking time out of Dietetic practice in NZ: .....

.....

Total number of years working in other countries (*please list with dates and include relevant registration documents*):

.....  
.....  
.....  
.....

List the main areas of Dietetic practice in which you have worked:

.....  
.....  
.....  
.....

State the approximate years/months you have spent working in each area of Dietetics:

Clinical/community: .....  
Public health: .....  
Food service: .....  
General management: .....  
Other (*please specify*): .....

## References

**The references must be sent directly to the Registrar at the Board's postal address (*original & signed*).**

Referees should have known you for 12 months or more and should not be close friends/relatives.

At least one referee should be a PRESENT OR PAST EMPLOYER.

At least one reference must be submitted on appropriate letterhead.

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 to practice as a Registered Dietitian, i.e. do you believe that the applicant is competent to be registered as a Dietitian and hold an annual practising certificate? (Some referees may not be able to comment on this).
- The fitness of the applicant to practice Dietetics; the law specifies a number of fitness criteria. A Registered Dietitian should:
  - be able to communicate effectively for the purposes of practising;
  - be able to communicate in and comprehend English sufficiently to protect the health and safety of the public;
  - not have 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 be the subject of, under investigation or subject to, an order relating to professional disciplinary proceedings.

Referee #1 Name: ..... Contact Phone: .....

Contact Email: .....

Referee #2 Name: ..... Contact Phone: .....

Contact Email: .....

Supervisor / Mentor Name (if applicable): .....

Job Applied for (include a job description if possible):

.....  
.....  
.....

**Applicant Signature:**

**Date:**

.....

Use the **checklist** below to ensure you have included all the required information for your Return to Practice Request:

- Completed application form
- Contact details of two referees (references sent directly to the Board)
- Payment
- Certificate of Good Standing / Evidence of overseas Registration
- Cover letter
- Evidence of name change (if applicable)
- Curriculum Vitae
- Evidence of professional development / future learning plans

**Payment - \$175.00 incl GST**

I have paid by **Internet Bank Deposit** – my reference was .....  
(Deposit number for payment is **03-0502-0254-940-000** please reference your name and Registration number)

OR

**VISA**       **Mastercard**

Card Number:

Expiry (Month/Year): ...../.....      Amount (NZD): .....

Cardholder Name: ..... Signature: .....

Please post this application to:

**The Registrar  
Dietitians Board  
PO Box 9644  
Wellington 6141  
NEW ZEALAND**