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## COOK ISLANDS ALLIED HEALTH PROFESSIONALS

PURSUANT TO MINISTRY OF HEALTH ACT 2013  
Registration Application form

**Profession:**

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### COMPLETING YOUR APPLICATION

- Read all instructions
- Print clearly in BLOCK LETTERS using a black or blue pen
- Place X in ALL applicable boxes

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### SECTION A : Application inclusions

#### 1. What are you applying for?

*Please mark all options that are applicable*

	Registration
	Private Practitioners Registration

### SECTION B: Personal Details and Identification

The information items in this section of the application that are marked with an asterisk(\*) will appear on the public register

#### 2. What is your name?

\*            Mr  Mrs  Miss  Ms  Dr  Other

\* Family (legal) name

\* First given name

\*Middle given name(s)

Previous names or other names known by

  

Preferred Name

Gender:    M  F

#### 3. What are your birth details?

Date of birth

  
DD / MM/ YYYY

Country of birth

Place/city of birth

**4. Proof of identity:**

Passport

**You must attach a certified copy of your passport**

**5. What is your residential address?**


**6. What are your contact details?**

During business hours

After hours

Mobile

Email


**SECTION C : Qualification for the profession**

**7. What are the details of your qualifications? (attach a copy of qualifications obtained)**

**A: Primary qualification**

Title of qualification	
Name of institute( University/College/Examining body)	
Country	
Start Date:	Completion Date:
MM / YYYY	MM / YYYY

**B: Additional Qualifications (if any)**

Title of qualification	
Name of institute( University/College/Examining body)	
Country	
Start Date:	Completion Date:
MM / YYYY	MM / YYYY

## SECTION D: Registration history

The Registrar requires a Certificate of Registration Status or Certificate of Good Standing in which you are currently or have previously been registered as an allied health practitioner during the past five years

### 8. What is your registration history?

#### **A: Most recent registration**

State/Territory/Country

Category of registration

Profession

Period of Registration

DD/MM/YYYY

to

DD/MM/YYYY

#### **B: Additional Registration**

State/Territory/Country

Category of registration

Profession

Period of Registration

DD/MM/YYYY

to

DD/MM/YYYY

State/Territory/Country

Category of registration

Profession

Period of Registration

DD/MM/YYYY

to

DD/MM/YYYY

**SECTION E: WORK HISTORY**

You must attach Curriculum Vitae that describe your full practice history and any clinical or procedural skills undertaken.

**SECTION F: SUITABILITY STATEMENTS**

You must attach a Police Clearance Form

**9. Do you have any criminal history?**

Yes → You must attach a summary of such criminal history and the outcome

No → go to the next question

**10. Did you undertake your secondary education and your tertiary qualifications in the profession, in English, in one of the following countries?**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Australia  
New Zealand  
United States of America  
Papua New Guinea

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Canada  
United Kingdom  
Fiji

Yes → Go to question 13

No → Go to next question

**11. Which of the English language examinations listed below have you successfully completed?**

<input type="checkbox"/>
<input type="checkbox"/>

International English Language Test System(IELTS)  
Occupational English Test (OET)

**13. Do you have an impairment that detrimentally affects or is likely to detrimentally affect your capacity to practice the profession?**

No → Go to next section

Yes → You must attach details of any impairments and how they are managed

**SECTION H: FEES**

Please tick the appropriate box(s).

- Registration \$50
  
- Annual Practising Licence \$20  
(excludes Pharmacists & Pharmacy Technicians - \$50 and \$25 respectively)
  
- Letter of Good Standing \$50

**SECTION I: CONSENT**

14. Please read and make sure you understand these statements before signing

I consent	to the Registrar making enquiries of and exchanging information with the authorities of any country stipulated in this application, regarding my practice as an allied health practitioner or otherwise regarding matters relevant to this application
I authorise	the Registrar to obtain my criminal records if necessary
I acknowledge	failure to complete all the relevant sections and enclose all supporting documents may result in this application not being accepted
I undertake	to comply with all relevant legislations, board registration, standards, codes and guidelines
I declare	that I am aware of my infection status for blood-borne viruses and I will comply with the requirements of the Infection control guidelines in relation to blood borne viruses  that the above statements, and the documents provided in support of this application are true and correct
I make	that I am the person named in the attached documents  a declaration in the knowledge that a false statement is grounds for the council to refuse registration

Signature of the applicant/registrant

Date

DD/MM/YYYY