



Registration Application Form

Profession:

COMPLETING YOUR APPLICATION

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

SECTION A : Application inclusions

1. What are you applying for

Please mark all options that are applicable

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Specialist Registration
<input type="checkbox"/>	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? (provide copy of qualifications)

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

Title of qualification

Name of institute(University/College/Examining body)

Country

Start Date:

Completion Date:

MM / YYYY

MM / YYYY

SECTION D: Registration history

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

Note: You must present certified copies or original certificates or arrange for them to be forwarded directly from the licensing or registration authority to the DMC of Cook Islands

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

9. Do you have any criminal history?

You must attach a Police clearance form. Only professionals who have applied for a work visa will be exempted.

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?

- Australia
- New Zealand
- United States of America
- Papua New Guinea

- Canada
- United Kingdom
- Fiji
- Burma

Yes  Go to question 13

No  Go to next question


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

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

12. On what date did you complete this examination

DD/MM/YYYY

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
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SECTION G : OBLIGATIONS OF REGISTERED HEALTH PRACTITIONERS

Registered health practitioners must inform the council of a change in their status in any matters that may be related to this application within seven days after becoming aware of the change and if fails to comply may be punishable under law.

SECTION H: FEES

Please tick the appropriate box(s).

- General Registration \$50
- Specialist Registration \$50
- Private Practitioners Registration \$50

Note: All volunteer practitioners and visiting specialists are exempt from paying a fee

SECTION I: CONSENT

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

I consent:

- to the council making enquiries of and exchanging information with the authorities of any country stipulated in this application, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application

I authorize:

- the council to obtain my criminal records if necessary

I understand:

- that a complete criminal history etc will be released to the council if need be

I acknowledge

- the board may validate documents provided in support of this application as evidence of my identity
- 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
- that I am the person named in the attached documents

I make

- 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

Printed name of the applicant/registrant