



This form is to be used by registered psychologists who are applying for the Neuropsychologist scope of practice.

The New Zealand Psychologists Board urges all psychologists to carefully consider the implications of holding a vocational scope of practice before making application. Psychologists are bound by their Code of Ethics to practise only in those areas in which they are demonstrably competent, and to maintain competence in their area(s) of practice.

CONTACT DETAILS

Full Name: _____ Registration No: 90-_____

Email Address: _____

APPLICATION

1. Are you currently registered in the "Psychologist" scope of practice?

- (a) **NO** Please use the "HPCAA Registration" Application Form. (Contact the Board's Director of Registration or refer to our website for details (www.psychologistsboard.org.nz)).
- (b) **YES** [Go to 2](#)

2. Do you hold a Master's and/or Doctoral degree in neuropsychology?

- (a) **NO** [Go to 3](#)
- (b) **YES** Please attach certified copies of the qualification(s) and full academic transcript(s) to this application. [Go to 6](#)

3. Do you hold one or more academic qualifications that you wish the Board to consider as equivalent to a Master's or Doctoral degree in neuropsychology?

- (a) **NO** [Go to 4](#)
- (b) **YES** Please submit detailed evidence of equivalence. [Go to 6](#)

4. Have you practised (with regular supervision appropriate for your work in this area and in keeping with the core competencies) for at least 4,000 hours over the last six years?

- (a) **NO** [Go to 5](#)
- (b) **YES** Please note that you may be required to submit a further (Stage 2) application. We will contact you if a Stage 2 application is required. [Go to 6](#)

5. It does not appear that you qualify for the Neuropsychologist Scope of Practice. Please contact the Board's Director of Registration if you still wish to pursue your application. An individual assessment may be granted in some circumstances.

6. Have there been any competence notifications or complaints about you or your work in New Zealand or in any other country?

- (a) **NO** [Go to 7](#)
- (b) **YES** Please attach the following details to this application:
- Who the competence notification or complaint was made to (e.g., the HDC, the Psychologists Board, your employer);
 - When the competence notification or complaint was made, and when it was concluded;
 - What type of investigation into the notification or complaint took place;
 - What was the outcome of the notification or complaint (e.g., no further action, competence review, disciplinary measures, and/or suspension.)

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7. Please sign this form and submit all three pages of it along with the Stage 1 application fee and the following supporting documents (as applicable):

- (a) A certified copy of your academic qualification(s) and transcript(s);
- (b) Evidence of qualification equivalence;
- (c) Details of any current or past competence notifications or complaints.
- (d) Name(s) and contact details of relevant (including current) supervisor(s).

DECLARATION

If the following declaration is made in New Zealand, it must be made before a person entitled under the Oaths and Declarations Act 1957 to take such declarations (e.g., a Justice of the Peace, Solicitor, Notary Public, Registrar or Deputy Registrar of the High Court or any District Council, authorised officer in the service of the Crown, or any member of Parliament). Please carefully consider the declaration before you sign it.

I SOLEMNLY AND SINCERELY DECLARE THAT:

- 1. All of the information provided with this application is true and correct in every particular and detail;
- 2. I will provide the Psychologists Board with any such further information as it may reasonably require;
- 3. I am fit for registration as defined under section 16 of the Health Practitioners Competence Assurance Act 2003 and I know of no information that could cause the Psychologists Board not to be satisfied that I am of good character and reputation and am a fit and proper person to be registered;
- 4. I do not have a mental or physical condition that precludes me functioning as a safe and competent practitioner;
- 5. I believe I qualify for the Neuropsychologist scope of practice, and that I am competent to practice within that scope of practice.
- 6. Having considered carefully the rights and responsibilities it will impose, I wish to formally apply for the Neuropsychologist scope of practice, and have appended hereto the required evidence of my competence in this area of practice.
- 7. I authorise the Psychologists Board to contact my current and/or past supervisors.

Signed by _____ Signature _____
(Full Name of Applicant) (Signature of Applicant)

Postal Address: _____

Declared at: _____ this _____ day of _____ 20_____

In the presence of: _____ Signature: _____
(Full Name and Signature of person authorised to take a Statutory Declaration)

Address: _____

NOTE FOR APPLICANTS: Applications will not be processed by the Psychologists Board until payment has been received and they are otherwise declared complete by the Registrar.

APPLICATION FEE

The full and correct application fee (NZ\$650 incl GST) must be paid at the time of application. The fee is non-refundable whatever the outcome of the application. The Board's GST number is 73-081-238. Payment can be made by either:

Direct credit to account 03 0502 0254983 00 **only if paid from a New Zealand bank account;** your name and registration number must show on our bank statement.

Credit card: Please debit my Visa or MasterCard - the amount of **NZ\$650 (incl GST) for this Stage 1 application.**

Card number Expiry

Name on Credit Card: _____ Date _____

SEND COMPLETED APPLICATION FORMS TO	ENQUIRIES TO
New Zealand Psychologists Board Post PO Box 9644 Marion Square Wellington 6141 New Zealand Courier Level 5 22 Willeston Street Wellington 6011 New Zealand	Director of Registration New Zealand Psychologists Board Telephone: (+64 4) 471 4588 0800 471 4580 Email: anne.culver@nzpb.org.nz

<u>For office use only</u>	DC	CC	CC authorisation	Dbase updated	Receipt sent	Approved	Date
	Date paid						