

PAYMENT FORM

For fees charged under section 130 of the Health Practitioners Competence Assurance Act 2003

Nam	е		Registration Number: 90-0)	
V			REGISTRATION AND	APC RELA	TED		FEE	
	1.							
H							\$90.00 \$230.00	
	2.	Application to return to practice from a practitioner who has not held a practising certificate within the 3 years immediately preceding the date of application						
	3.	Replacement of a printed practising certificate					\$47.50	
\checkmark		OTHER SERVICES						
	4.	Application for the Board to review a delegate's decision					\$300.00	
	5.	. The supply of any documents (other than a certificate of registration) required for the purpose of seeking registration overseas						
	6.	Inspection of the Register or other records (search fee)						
	7.	Certificate of Registration					\$98.50	
	8.	Copy of the Register of Psychologists						
TOTAL								
PAYMENT DETAILS Any fee must be enclosed with the appropriate, completed application form. Fees are not refundable whatever the outcome of an application. The Board's GST number is 73-081-238. Payment can be made by:								
Direct credit to account 03 0502 0254983 00 only if paid from a New Zealand bank account; your name and registration number must shon our bank statement.								
☐ Cheque or bank draft: Must be in New Zealand dollars and payable to the "Psychologists Board".								
☐ Credit Card: Please debit my ☐ Visa or ☐ MasterCard (NZ\$)incl GST.								
Card number Expiry								
Cardholder's Name Cardholder's Signature					Date	e		
ENQUIRIES TO								
Director of Registration								
New Zealand Psychologists Board Telephone (64 4) 471-4588								
Freephone 0800 471 4580								
Ema	il: <u>info</u>	@nzpb.org.nz						
		Date Paid	Date receipt sent			Date of datab	ase entry	
Of	fice u only		/ /	DC	сно сс		/	