



## Application for an ANNUAL PRACTISING CERTIFICATE (APC) 2018/19 (or retention on the Register of Veterinarians)

Before completing your application please read the Guidance Notes - [www.vetcouncil.org.nz/annualPracCert.php](http://www.vetcouncil.org.nz/annualPracCert.php)  
If you have any questions contact us at [vet@vetcouncil.org.nz](mailto:vet@vetcouncil.org.nz) or phone 04 473 9600.  
Please complete all parts of this form.

### 1. Personal and Contact Details

Surname	
First names	
Other names	VCNZ Registration number
Additional qualifications or honours	
<p>If your names, additional qualifications or honours differ from those on the public <b>Register of Veterinarians</b> (<a href="http://www.vetcouncil.org.nz/onlineReg.php">www.vetcouncil.org.nz/onlineReg.php</a>) please provide evidence: e.g. certified copy of marriage certificate or qualification.</p>	
Contact address	
Post code	
Phone(business)	Phone(home)
Mobile	Email
Practice/Employer's Name (Only needed if you're practising in NZ)	

Please include the location of your work if your employer/practice has more than one branch.  
If you're not associated with a particular practice or employer, please use the descriptor consultant, locum, self employed, retired or not currently practising.

### 1.1 Public register and information sharing

We will publish your name, practice/employer name, qualifications, practising status, registration date and APC commencement date on our public register. The register will also show any details of any conditions on your practice or suspension, if applicable.

By completing this application, you are indicating that you consent to the above information being published. If you have any concerns about this, please contact us. For more information about how we handle personal information, see our policy [here](#).

If you request it, we will also publish your contact details. Do you consent to us publishing your business phone number and your email address on the public register and to us providing these to people who request them?

Yes  No

### 2. Intentions for 2018/19

Please tick the appropriate box.

- 2.1  I intend to practise in New Zealand from 1 April 2018 and hereby apply for an APC.  
**Go to Question 3**
- 2.2  I'm not intending to practise in New Zealand during the practising year ending 31 March 2019 but wish to remain on the Register and have enclosed the \$18.00 non-practising fee.  
**Go to Question 7**
- 2.3  I'm permanently retired from practice but wish to remain on the Register as non-practising with no fee.  
**Complete the declaration section at 8**
- 2.4  I don't intend to practise in New Zealand and hereby apply to have my name removed from the Register of Veterinarians.  
**Complete the declaration section at 8**

### 3. Recency of Practice

Please complete ALL parts of this question

- 3.1 Are you a new graduate (i.e. completed the course requirements for your primary veterinary qualification within the last 12 months)?
- No
- Yes  **Go to Question 4**
- 3.2 Have you worked as a veterinarian during the last three years?
- No  **You need to provide additional information. Please refer to question 3 of the Guidance Notes**
- Yes
- 3.3 During the previous year did you work in a field of activity you've never practised in or haven't practised in during the last three years?
- No
- Yes  **You need to provide additional information. Please refer to question 3 of the Guidance Notes**
- 3.4 Are you seeking to work in a field of activity you've never practised in or haven't practised in during the last three years?
- No
- Yes  **You need to provide additional information. Please refer to question 3 of the Guidance Notes**

### 4. Overseas Practice

Please complete ALL parts of this question

- 4.1 Have you practised outside NZ since you were last issued with an APC?
- No
- Yes  **Please list (in abbreviated format), the countries where you practised and arrange for a letter of good standing from each overseas jurisdiction that you have been registered with to be sent directly to the Council**

### 5. Fitness to Practise

Tick either 'Yes' or 'No' to ALL of these questions

Since you were last issued an APC in New Zealand, have you been subject to:

- 5.1 Any investigations that we aren't aware of in New Zealand or overseas, by an employer, or registration or professional body or educational institution or other authority (e.g. racing authority) relating to any matter that may be the subject of disciplinary proceedings?
- No
- Yes  **You need to provide additional information. Please refer to question 5 of the Guidance Notes**
- 5.2 A formal competence enquiry by an employer or registration body that we aren't aware of?
- No
- Yes  **You need to provide additional information. Please refer to question 5 of the Guidance Notes**
- 5.3 An adverse finding in any disciplinary actions by an employer, registration, professional body or other authority (e.g. racing authority) that we aren't aware of?
- No
- Yes  **You need to provide additional information. Please refer to question 5 of the Guidance Notes**
- 5.4 A police investigation, charge, summons or guilty finding in any criminal proceeding (including traffic offences involving alcohol or drugs) that we aren't aware of?
- No
- Yes  **You need to provide additional information. Please refer to question 5 of the Guidance Notes**
- 5.5 Any new or continuing mental or physical condition with the potential to affect your fitness to practise such as neurological, psychiatric, depressive or addictive (drugs or alcohol) disorders including physical deterioration due to injury, disease or degeneration?
- No  **Go to Question 6**
- Yes  **Please answer each of the questions below**
- 5.5.1 I've previously disclosed my medical condition to the Council and this remains unchanged Yes No
- 5.5.2 I've previously disclosed my medical condition to the Council and this has worsened. **If Yes, you need to provide additional information. Please refer to question 5 of the Guidance Notes** Yes No
- 5.5.3 I'm disclosing a new condition to the Council. **If Yes, you need to provide additional information. Please refer to question 5 of the Guidance Notes** Yes No
- 5.5.4 Can the Council's Registrar contact your treating health practitioner(s) for further information?
- No  **I prefer the Registrar to contact me first**
- Yes

**If yes, please provide the details of your treating practitioner/s**

Name	
Contact Details	

## 6. Compliance with Minimum Practising Standards (MPS)

Before answering these questions please read question 6 of the guidance notes. You can download the checklists from our website [here](#).

6.1 I am engaged in clinical practice

Yes

No  Go to section 7

Please answer both questions below

Yes – I comply with the standards set out in this checklist

No – I'm not complying with the standards set out in this checklist

6.2 I comply with the standards set out in the 2 MPS checklists below:

6.2.1 Animal Welfare Yes  No

6.2.2 Veterinary Medicines Yes  No

## 7. Continuing Professional Development (CPD)

Please print number of CPD points you accumulated during the period 1 January 2017 to 31 December 2017 in each of the categories below. If you haven't completed any CPD enter zero. **If you're a new graduate (i.e. gained your primary veterinary qualification within the last 12 months), you don't need to fully meet the CPD requirements, but you do need to record the CPD you have undertaken.**

All vets need to retain detailed records and verifying evidence of CPD activities which may be required for compliance monitoring. Refer to [www.vetcouncil.org.nz/contProfDevel.php](http://www.vetcouncil.org.nz/contProfDevel.php) for further information on CPD.

Continuing Veterinary Education (CVE) 1/1/2017 to 31/12/2017	Collegial Learning Activities (CLA) 1/1/2017 to 31/12/2017	Self-Directed Learning (SDL) 1/1/2017 to 31/12/2017	Total CPD Points 1/1/2017 to 31/12/2017

If your total points over the last three years do not meet our minimum requirements (60 points in total and at least 15 points in each of the CVE and CLA categories) you may need to provide additional information. Please refer to question 7 of the Guidance Notes

## 8. Declaration

I hereby declare that:

- I understand Council's expectations of veterinarians as set out in the *Code of Professional Conduct for Veterinarians and Continuing Professional Development: Information for Veterinarians*
- The information I have given in this application is true and correct

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

## 9. Fees and Payment

Your APC application must be accompanied by the fee and must be received by 31 March 2018. The APC fee for the full practising year ending 31 March 2019 is \$559, discounted to \$533 if your completed form and payment is received by 28 February 2018. APC fees are prorated on a quarterly basis so, if you're applying for a practising certificate during the year, check the fees page on our website at [www.vetcouncil.org.nz/fees.php](http://www.vetcouncil.org.nz/fees.php) or ring the Council office on 04 473 9600.

If you're applying for a non-practising status the fee is \$18.00.

Payments can be made by credit card or direct credit. Please indicate your method of payment below.

Credit card. Please record details below

Card type:  Mastercard  Visa Expiry date

Card Number

Cardholder's Name  Cardholder's Signature

Direct Credit. Please record details below  
Deposit to Council's bank account 02-0506-0072992-00 and use your **registration number** and **name** as the reference.

Date of direct credit  Direct credit amount: \$

**That completes the APC application. Please now complete the Workforce survey on the next page.**

# 2017 WORKFORCE SURVEY

The following information will be used for statistical and research purposes and will not be published in a form that could identify any individual. Refer to question 10 of the Guidance Notes for advice on completing the survey.

## 10.1 Your practising status in 2017

Were you engaged in veterinary practice (which includes non-clinical work) in New Zealand during the year ended 31 December 2017?

- No There are no more questions
- Yes **Go to Question 10.2**

## 10.2 Workplace Location

Please enter the **physical address** where you mostly practised from in 2017. Do NOT enter a PO Box. Please complete all fields.

Practice Name, Branch or Organisation		
Physical Address		
		Post Code

## 10.3 Employment, Roles, Work types and Hours worked

Complete the following columns based on a typical working week. Use ONLY the codes provided below. Use only ONE worktype code per column. Use the nearest whole number (NO decimal points).

Employment code *	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	Additional hours worked per week in any other work types
Role Code *	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
Work type code *	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
Hours worked per week including hours worked on call	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

\* If other please specify

Total hours worked for the week =  Hours on-call but not worked per week =

10.4 If the total number of hours worked in a typical week is less than 40, print a reason code here

10.5 If you worked less than 46 weeks of the last 52, print a reason code here

10.6 If you're thinking about **not** working as a veterinarian during the year commencing 1 April 2018 print a reason code here

10.7 If you're applying for a practising certificate after a period of not working as a veterinarian in New Zealand print a reason code for your period of absence here

### Employment codes

CP	Club practice
IN	Industry
LA	Laboratory, diagnostic
MP	MPI
OG	Other government
OT	Other (please specify)
PP	Group private practice
SE	Self employed (eg locum, contractor or consultant)
SO	SOE or Crown Institute
SP	Solo private practice
UN	University or tertiary

### Role Codes

CL	Clinician
CO	Consultant

### Role Codes continued

ED	Education
	Management (use only if you were employed in a management role)
MN	Management (use only if you were employed in a management role)
OT	Other (please specify)
TE	Technical (eg MPI/ industry/lab)

### Work Type Codes

AV	Avian
AW	Animal welfare
BC	Beef Cattle
CA	Companion animals
CO	Compliance
DC	Dairy Cattle
DE	Deer
DI	Disease control
EC	Export certification

### Work Type Codes continued

EP	Epidemiology
EQ	Equine
LI	Lifestyle block animals
MI	Meat inspection
MX *	<b>Mixed practice</b>
OT	Other (please specify)
PA *	<b>Production animals</b>
PH	Pharmaceutical
PI	Pigs
PM	Practice management
PO	Poultry
PT	Pathology
RE	Research
RG *	<b>Regulatory</b>
SR	Small ruminants

### Work Type Codes continued

TE	Teaching
WI	Wildlife
<b>Reason Codes</b>	
CO	Contract requirements
CW	Casual work (eg short term contracts)
DI	Difficulty obtaining work
FA	Family care
HE	Health
OE	Work overseas
OT	Other (please specify)
PL	Parental leave
PP	Personal preference
PT	Working part-time
RE	Retired or semi retired
ST	Study

\* Use these general codes only if you cannot record all your work types using the other detailed codes, or it is too difficult to assign hours worked to each work type

## 10.8 Ethnicity

What ethnic group(s) do you belong to (please tick up to 2)?

- NZ European/Pākeha  Pacific Island (Pasifika)  Indian  Other European
- NZ Māori  Chinese  Other non-European

Thank you for participating in the survey

Please email your completed application form with the fee to [vet@vetcouncil.org.nz](mailto:vet@vetcouncil.org.nz).

We aim to process all applications within 7 days of receipt of payment and all required information. Provided there are no issues, we'll email your APC and tax invoice/receipt to you within 14 days.