

Kia ora

Thank you for requesting the registration forms from the Psychotherapists Board of Aotearoa New Zealand (the Board).

To work legally as a psychotherapist in New Zealand, you must be registered with the Board (the regulatory body governing the practice of psychotherapy in New Zealand), and hold a current Annual Practising Certificate (APC).

To complete your application for registration and a current APC, please refer to the following documents.

**Registration Checklist**

This needs to be completed and sent to the Board along with your supporting documentation. You will also need to complete the following appendices where necessary.

**Appendix One**

Reference Template: one character reference and one professional reference (all psychotherapists will need to complete both references)

**Appendix Two**

Grandparenting Declaration, Supervised Psychotherapy and Therapeutic Hours (psychotherapists applying for the Psychotherapist Scope of Practice or the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism will need to complete this form)

**Appendix Three**

Competence Declaration (all psychotherapists applying for an APC will need to complete this form)

**Appendix Four**

Statutory Declaration (all psychotherapists will need to complete this form)

**Appendix Five**

Statements Template (psychotherapists will need to complete this form only when a statement is required)

**Registration application information form**

Following your Registration Checklist you will find a Registration Application Information Form. This form will give you further information on what is required when completing and compiling your application’s supporting documentation.

The above appendices are templates and forms that have been created to make things easier for you and for the Board to process applications as quickly as possible.

An APC is normally valid for up to one year. You must apply for an APC each year if you are working as a psychotherapist in New Zealand. The practising year runs from 1 October to 30 September and your APC will expire on 30 September.

It is a legal requirement that you advise the Board of any changes of address or name (name changes require certified supporting evidence within one month (HPCA Act s140;141).

Thank you for taking the time to fill out this application and provide the Board with your supporting documentation. You will be contacted once your documents have been received.

Registrar

Psychotherapists Board of Aotearoa New Zealand

Te Poari o nga Kaihaumanu Hinengaro o Aotearoa

PO Box 9644

Wellington, 6141

04 918 4727

[registrar@pbanz.org.nz](mailto:registrar@pbanz.org.nz)



# Registration and Annual Practising Certificate application information form

## **Introduction**

The Psychotherapists Board of Aotearoa New Zealand (the Board) administers the registration of New Zealand psychotherapists under the Health Practitioners Competence Assurance Act 2003 (HPCAA). This legislation provides for all of the below:

* the registration of, and issuing of practising certificates for psychotherapists
* setting standards of competence, fitness to practise and quality assurance measures for psychotherapists
* dealing with complaints and disciplinary procedures and the establishment of the Health Practitioners Disciplinary Tribunal
* appeals processes, including rights of appeal for health practitioners
* the structures and administration of authorities (including the Board).

**Processing applications**

When sending your supporting documents for registration and your annual practising certificate you are also required to send in a completed checklist.

The Board is unable to process incomplete applications and cannot accept uncertified copies of any official documents. Failure to provide the correct specified documents would cause processing delays.

## **Personal contact details**

You are required to complete an online registration application at [www.pbanz.org.nz](http://www.pbanz.org.nz). Click **Apply for** **Registration** (to the right of the Home page). You will then be given your log-in user name and password.

Please put this information in a secure place.

## **Fees (all fees include GST)**

|  |
| --- |
| $400.00 Registration only  $3300.00 Overseas registration only  $1250.00 Registration and Annual Practising Certificate  $4150.00 Overseas Registration and Annual Practising Certificate |

All psychotherapists intending to practise psychotherapy in New Zealand require an Annual Practising Certificate (APC).

Fees are non-refundable.

## **Identification documents**

The Board is required to confirm your identity and you will be registered under your full legal name. You must attach certified copies of your birth certificate and your passport (first 2 inside pages) or New Zealand driver’s licence.

You will also need to provide 2 passport sized photos with your name and date of birth on the back of each one.

If your current name differs to the one on your passport/driver’s licence or birth certificate, you will need to provide a certified copy of evidence of your legal change of name, eg a certified copy of your marriage certificate.

## **Fitness to practise**

## **Communication**

To practise as a psychotherapist in New Zealand, you must have a good command of the English language to enable you to communicate effectively with clients and other health professionals.

If English is not your first language, and your qualifications were not solely in the English language please provide a notarised copy of your results in an approved English test i.e. IELTS. <http://www.ielts.org/>.

Minimum pass marks are 7.5 on the IELTS Academic Module (i.e. no less than 7 in each band).

The Board may require you to provide evidence of your English communication abilities during a face-to-face meeting with a Board approved representative.

**Physical and mental fitness**

You must notify the Board of any physical or mental condition/s that may impact on your ability to practise psychotherapy. If you are aware of a physical or mental condition that may affect your ability to practise psychotherapy, then you will need to provide a statement including details of the condition or impairment, duration of treatment and how you manage your mental or physical condition in relation to practising psychotherapy.

A physical or mental condition will not necessarily preclude the granting of registration. The Board will consider any physical or mental condition on a case-by-case basis.

**Record of criminal history**

All applicants need to provide certified copies of relevant reports, findings, decisions, orders and convictions. The Board has a responsibility to ensure all those on the register are fit for registration.

Section 16(c) of the HPCAA states that: *No applicant for registration may be registered if he or she has been convicted in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer, and if he or she does not satisfy the responsible authority that, having regard to all the circumstances, including the time that has elapsed since the conviction, the offence does not reflect adversely on his or her fitness to practise as a health practitioner of that profession.*

A conviction will not necessarily preclude the granting of registration. The Board will consider any conviction(s) on a case-by-case basis. If you have a conviction, please write a statement about the conviction to the Board to accompany your record.

You are required to obtain a Record of Criminal History or a Police Certificate from your country of residence and any country you have lived in for 12 months or more in the past 10 years. The certificate should inform the Board about any convictions that have been punishable by imprisonment for a term of 3 months or longer. Please visit the forms page of NZ Immigration’s website for information on how to obtain a police certificate in your country [www.immigration.govt.nz](http://www.immigration.govt.nz). The Record of Criminal History must not be older than 6 months when it is reviewed by the Board.

You can obtain a New Zealand Record of your Criminal History from the Ministry of Justice [www.justice.govt.nz/criminal-records](http://www.justice.govt.nz/criminal-records)

The Record of Criminal History must not be older than 6 months when the Board reviews it.

**Professional Conduct**

The Board needs to establish if you have ever had a professional complaint or a complaint about your practice or if you are the subject of a current complaint(s). If you have had a complaint or are being currently investigated please provide a statement detailing the complaint(s) including the outcome or status if the complaint(s) is current.

Certificate of good standing

You will need to provide a certificate of good standing (CGS) if you are currently or previously have been, practising in a country where there is compulsory registration. The CGS must come from the registration authority in that country.

A CGS is not the same as a certificate of registration. A CGS confirms your registration status in the country you have been practising, and also advises whether or not there have been any complaints, investigations or disciplinary action taken during the time you were registered.

In determining an applicant’s fitness for registration, the Board is required to take into consideration:

* professional disciplinary proceedings, (whether in New Zealand or in another country)
* investigations in respect of any matter that may be the subject of professional disciplinary proceedings, (whether in New Zealand or in another country)
* orders of professional disciplinary tribunals, (whether in New Zealand or in another country)
* any issue which may give the Board reason to believe that an applicant may endanger the health or safety of members of the public.

Signed certificates of good standing must be no older than 6 months when received by the Board.

Curriculum vitae (CV) or resume

A copy of your up to date CV should be included with this application form. This should account for all your time and work experience since graduating and include all relevant dates.

Two references

The HPCAA requires that a registered practitioner is of good character and reputation and is a fit and proper person. The Board requires two references to ensure that this is the case.

One professional reference and one character reference (See Appendix 1)

* the professional reference must be from the applicant’s supervisor who is eligible to be registered under the Psychotherapist Scope of Practice, or a suitably qualified person as agreed to by the Board. A professional reference must cover the past twelve months. More than one professional reference will be required if the applicant has changed supervisors in the past year.
* the character referencemust be from a person of good character and reputation within the community. You need to have known this person for at least one year.

Those providing references must not be immediate family or employed by the applicant. Referees must have known the applicant for at least one year. References must be completed on the form provided.

References must not be more than 3 months old at the time your application is reviewed by the Board.

Qualifications for registration

Applying for registration during the Grandparenting period

Scopes of Practice for psychotherapists are:

1. Psychotherapist Scope of Practice
2. Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism

3. Interim Psychotherapist Scope of Practice

Grandparenting requirements for qualification and experience are set so that practitioners are able to demonstrate competence. In addition, practitioners must meet the Health Practitioners Competence Assurance Act 2003 (HPCAA) requirements for fitness to practise as set out in Section 16 (see Appendix 1).

**Board policy on grandparenting requirements for registration within the Psychotherapist Scope of Practice**

|  |
| --- |
| Evidence of current full membership from the New Zealand Association of Child and Adolescent Psychotherapists (NZACAP) |
| **or** |
| Evidence of current full membership from the New Zealand Association of Psychotherapists (NZAP) |
| **or** |
| Have satisfactorily completed a final assessment accredited or set by the Board  Board approved assessments will be carried out by organisations which have requirements for training, clinical supervision, personal therapy and reference checks (including a final assessment and/or face to face interview). Organisations which are currently accepted as meeting these requirements are ANZSJA, NZACAP And NZAP. |
| **or** |
| An approved Masters level qualification in psychotherapy from a New Zealand University or a New Zealand training institution or an approved comparable qualification.  **One of the following qualifications:**   * AUT Master of Psychotherapy adult psychotherapy pathway * AUT Master of Psychotherapy child psychotherapy pathway * AUT Master of Health Science (Psychotherapy) [adult psychotherapy pathway] * AUT Master of Health Science (Psychotherapy) [child psychotherapy pathway] * Certified Transactional Analyst (clinical or psychotherapy) * Accredited Jungian Analyst with ANZSJA and/or IAAP * Accredited Psychoanalyst with the International Psychoanalytical Association * Diploma in Psychosynthesis Psychotherapy * Diploma in Gestalt Psychotherapy * Psychodramatist certified by the Board of Examiners of the Australia New Zealand Psychodrama Association * NZ Institute of Psychoanalytic Psychotherapy – Membership * ANZAP Diploma in Adult Psychotherapy * Certified Bioenergetic Therapist (CBT) * Ashburn Clinic Psychotherapy Training Programme |
| **and** |
| A statutory declaration (attested before a Justice of the Peace) that the psychotherapist has provided 900 hours of supervised psychotherapy to clients over a period of at least three years during and/or post qualification, and that they have undergone a personal therapeutic experience. |
| and |
| Two references – One professional reference and one character reference.  The professional reference must be from the applicant’s supervisor who could register under the Psychotherapist Scope of Practice or a suitably qualified person as agreed to by the Board.  The character reference must be from a person of good character and reputation within the community. |
| **and** |
| Meet the fitness for registration requirements as set out in section 16 of the HPCAA (see Appendix 1 ) |
| **and** |
| Complete within Board standards, the required documentation for registration |

**Board policy on grandparenting requirements for registration within the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism**

Those working within this scope of practice are also able to work within the Psychotherapist Scope of Practice as long as they practise within their area and level of expertise and with due respect to the ethical, legal and Board-prescribed standards.

|  |
| --- |
| Evidence of current full membership from the New Zealand Association of Child and Adolescent Psychotherapists |
| **or** |
| Have satisfactorily completed a final assessment accredited or set by the Board. |
| **or** |
| An approved Masters level qualification in child psychotherapy from a New Zealand University.  **One of the following qualifications:**   * AUT Master of Psychotherapy child psychotherapy pathway * AUT Master of Health Science (Psychotherapy) [child psychotherapy pathway] |
| **and** |
| A statutory declaration (attested before a Justice of the Peace) that the psychotherapist has provided 900 hours of supervised child and adolescent psychotherapy practice over a period of at least three years during and/or post qualification, and that they have undergone a personal therapeutic experience. |
| **and** |
| Two references – One professional reference and one character reference  The professional reference must be from the applicant’s supervisor who could register under the Psychotherapist Scope of Practice with Child and Adolescent Specialism or a suitably qualified person as agreed to by the Board.  The character reference must be from a person of good character and reputation within the community. |
| **and** |
| Meet the fitness for registration requirements as set out in section 16 of the HPCAA (as set out in Appendix 1) |
| **and** |
| Complete within Board standards, the required documentation for registration. |

**Board policy on grandparenting requirements for registration within the Interim Psychotherapist Scope of Practice**

|  |
| --- |
| Evidence of current provisional membership from the New Zealand Association of Psychotherapists |
| **or** |
| Have satisfactorily completed an initial assessment accredited or set by the Board  Board approved assessments will be carried out by organisations which have requirements for training, clinical supervision, personal therapy and reference checks (including a final assessment and/or face to face interview). These organisations will be assessed on a case by case basis to ensure the organisation meets with Board policy. Organisations which are currently accepted as meeting these requirements are ANZSJA, NZACAP and NZAP. |
| **or** |
| An approved Master’s level qualification in psychotherapy from a New Zealand University or a New Zealand training institution, or an approved comparable qualification.  **One of the following qualifications:**   * AUT Master of Psychotherapy adult psychotherapy pathway * AUT Master of Psychotherapy child psychotherapy pathway * AUT Master of Health Science (Psychotherapy) [adult psychotherapy pathway] * AUT Master of Health Science (Psychotherapy) [child psychotherapy pathway] * Certified Transactional Analyst (clinical or psychotherapy) * Accredited Jungian Analyst with ANZSJA and/or IAAP * Accredited Psychoanalyst with the International Psychoanalytical Association * Diploma in Psychosynthesis Psychotherapy * Diploma in Gestalt Psychotherapy * Psychodramatist certified by the Board of Examiners of the Australia New Zealand Psychodrama Association * NZ Institute of Psychoanalytic Psychotherapy – Membership * ANZAP Diploma in Adult Psychotherapy * Certified Bioenergetic Therapist (CBT) * Ashburn Clinic Psychotherapy Training Programme |
| **and** |
| May have yet to complete the required 900 hours of supervised psychotherapy to clients over a period of at least three years (during and/or post qualification), and/or have not undergone 120 hours personal psychotherapy. In the case of those without a masters level qualification in psychotherapy or child psychotherapy they may have yet to complete a Board approved final assessment of their clinical and professional practice. |
| **and** |
| Two references – One professional reference and one character reference  The professional reference must be from the applicant’s supervisor who could register under the Psychotherapist Scope of Practice or a suitably qualified person as agreed to by the Board.  The character reference must be from a person of good character and reputation within the community. |
| **and** |
| Meet the fitness for registration requirements as set out in section 16 of the HPCAA (as set out in Appendix one) |
| **and** |
| Complete within Board standards, the required documentation for registration. |

Interim Psychotherapist Scope of Practice is for practitioners who:

* Hold an approved masters level qualification in psychotherapy or child psychotherapy or an approved comparable qualification but may not have yet completed 900 hours of clinical supervised practice; and/or have not yet completed 120 hours of personal psychotherapy. (These hours can be completed during and/or following qualification) **or**
* Have satisfactorily completed an initial assessment accredited or set by the Board but may have not yet completed 900 hours of clinical supervised practice, and/or completed 120 hours of personal psychotherapy and/or have not yet satisfactory completed a final assessment accredited or set by the Board.

Board approved assessments will be carried out by organisations which have requirements for training, clinical supervision, personal therapy and reference checks (including an assessment and/or face to face interviews). These organisations will be assessed on a case by case basis to ensure the organisation meets with Board policy. Organisations which are currently accepted as meeting these requirements are ANZSJA, NZACAP and NZAP.

Acceptance into the Interim Psychotherapist Scope of Practice must be for the purpose of achieving registration in either the Psychotherapist Scope of Practice or the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism.

**Moving from the Interim Psychotherapist Scope of Practice to a Psychotherapist Scope of Practice**

1. Provide the Board with a certified declaration that you have completed 900 hours of face-to-face clinical supervised psychotherapy for the first 24 months of practice and at least fortnightly thereafter.

These hours need to be completed within five years, regardless of whether the practitioner is registered via the tertiary or professional development pathway. Hours can be completed during and/or following qualification. See Board policy for further information [www.pbanz.org.nz/index.php?policy](http://www.pbanz.org.nz/index.php?policy)

1. Have undergone a personal therapeutic experience.
2. Provide the Board with a signed declaration from your supervisor that you are fit and competent to practise psychotherapy.
3. Have undergone a personal therapeutic experience.
4. In the case of applicants without a master’s level qualification a Board approved

assessment of clinical and professional practice will need to be completed.

Annual practising certificate (APC) declaration form

You will receive your first APC once your application to register is successful. This means that you meet both the Board required standards as well as meeting section 16 of the HPCAA.

You will need to complete the APC competence declaration form (see Appendix 3)

Registration by itself does not permit a registered psychotherapist to practise. To be able to practise psychotherapy in New Zealand after registration has been formally approved, you are also required to hold a current Annual Practising Certificate (APC). This certificate is renewable each year.

In New Zealand it is illegal to practice psychotherapy as a psychotherapist without an APC.

Declaration

You are required to complete a statutory declaration as part of your registration application. (see Appendix 4).

Please keep a copy of all the documents you send for your own records. The Board cannot take responsibility for items lost in the mail.

**Send registration applications to:**The Psychotherapists Board of Aotearoa New Zealand   
PO Box 9644  
Wellington, 6141

**If you choose to courier, the physical address is:**The Psychotherapists Board of Aotearoa New Zealand   
Level 5  
22 Willeston Street  
Wellington 6011

**Penalty for wrongfully procuring registration**

The onus is on you the applicant to ensure the information you supply to the Board is correct and true. If it is subsequently shown that you have obtained registration fraudulently, your entry in the register will be cancelled and you will be unable to lawfully practice in New Zealand. You may face imprisonment and/or a fine of $10,000.

## **Additional information**

The information you provide enables the Board to consider whether you should be entered in the Psychotherapists Register and if so registered, to maintain a summary of your employment and registration details. This is personal information in terms of the Privacy Act 1993 and you may therefore apply to view it at any time and correct it if necessary.

The Psychotherapists Register is a public document. It will show your name, qualifications by which you were registered, your registered scope of practice, any conditions on your scope or practice, your practising certificate details and any suspension from the register, including conditions relating to that suspension; plus any other matters (for example, any address of the health practitioner) the authority thinks appropriate.

All documents supporting your application for registration must be certified copies of originals. Please do not send originals.

**What is a certified copy?**

A certified copy is a direct copy (photocopy) of original documents that is certified as a true copy of the original by an official with the necessary legal power, such as:

* Justice of the Peace
* Solicitor
* Notary Public

Certification requires that the official sign with his or her name, position, contact details and official seal (where applicable) clearly visibly by the signature. Failure to provide the correct specified documents will cause processing delays.

**Fees**

The Board accepts payment in New Zealand dollars only.

The following payment options are available:

* Visa or MasterCard
* Direct Credit

(The Board is listed as a pre-approved bill payee for internet banking.  This listing has been set up with the main banks.)

**Translations**

Documents not written in English must be accompanied by an official translation, which must be on official translation service letterhead, and bear the appropriate signature or stamp, together with full address details.

**Practising Certificate**

A practising certificate is valid from 1 October to 30 September each year.

Please note that practising certificates will expire on 30 September each year. You will be required to complete a recertification application for a practising certificate for the current year.

**Overseas applications for registration**

Psychotherapists who have undertaken their training overseas have their qualifications considered on a case by case basis. The Board does not accredit overseas psychotherapy qualifications. Applications are submitted to the Board who consider the comparability of qualifications to New Zealand standards and entry-level competency.



# Registration and Annual Practising Certificate Manual Form

## **Personal and contact details**

|  |
| --- |
| Preferred title: |
| Full name: |
| Gender: M F X |
| Date of birth: |
| Name you wish to be called by: |
| Previous name/s and date of name change:  Please provide certified evidence of name change |
| Nationality: |
| Ethnic group: |
| Residential address: |
| Postal address: |
| Work address: |
| Telephone: |
| Email: |

## **Scope of practice**

|  |
| --- |
| I am applying for registration only |
| I am applying for registration and an Annual Practising Certificate |
| I am applying for Interim Psychotherapist Scope of Practice |
| I am applying for Psychotherapist Scope of Practice |
| I am applying for Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism |

Fitness to practise

|  |  |  |
| --- | --- | --- |
| Enclosed | | |
| 1. Communication Can you demonstrate appropriate communication and comprehension skills that allow you to practise psychotherapy in New Zealand?   If you answered ‘No’ you will need to provide a statement  Is English your first language?  If you answered ‘No” was your psychotherapy training completed and examined in English?  If English is not your first language, and your psychotherapy education was not entirely in English, have you passed the formal English communication assessment International English Language Testing System (IELTS)  You will need to provide your IELTS results to the Board. If you haven’t completed an IELTS test you will need to do so. | Yes  Yes  Yes  Yes | No  No  No  No |
| 1. Physical and mental health Do you have a physical or mental condition that could adversely affect your ability to practise psychotherapy?   If you answered ‘Yes’ you will need to provide a statement including details of the condition or impairment, duration of treatment and how you manage your mental or physical condition in relation to practising psychotherapy. (See Appendix 5) | Yes | No |
| 1. Record of criminal history Do you have convictions of a criminal or civil nature, other than minor traffic convictions?   All applicants need to provide proof of their police history by providing a record of criminal convictions | Yes | No |
| 1. Professional conduct |  |  |
| 1. Are you, or have you ever been, the subject of a professional complaint or disciplinary proceedings in New Zealand or another country? | Yes | No |
| 1. Are you subject to an order of a professional disciplinary tribunal in New Zealand or another country, or to an order of an authority or similar body in another country? | Yes | No |
| 1. Are you currently under investigation in New Zealand or another country for any matter that may be subject of criminal or professional disciplinary proceedings? | Yes | No |
| 1. Are you or have you ever been the subject of a complaint to the New Zealand Health and Disability Commissioner, the New Zealand Privacy Commission or an equivalent office in another country? | Yes | No |
| 1. Have you ever applied, withdrawn or been declined for registration as a health practitioner? | Yes | No |

## **General**

I understand that if I am registered some of my registration information will be shared with the Ministry of Health for statistical purposes and the Health Practitioners Index.

I accept that processing of my application will not start until all the relevant information has been provided.

I declare that all statements made by me on this form are true and correct in every particular

|  |
| --- |
| Name: |
| Signature: |
| Date: |

**Send registration applications to:**The Psychotherapists Board of Aotearoa New Zealand   
PO Box 9644  
Wellington, 6141

**If you choose to courier, the physical address is:**The Psychotherapists Board of Aotearoa New Zealand   
Level 5  
22 Willeston Street  
Wellington 6011



# Registration and Annual Practising Certificate Checklist

## **Checklist**

You must forward this checklist and the appropriate completed appendices with your supporting documentation to the Board.

|  |
| --- |
| Name of applicant: |
| Application reference number: |

## **Online application**

Apply for registration at [www.pbanz.org.nz](http://www.pbanz.org.nz) (to the right of the Home page). You will then be emailed a log-in user name and password.

## **Fees (all fees include GST)**

|  |
| --- |
| My payment was made online by:  Visa  MasterCard  Direct Credit |
| I paid for:  $400.00 Registration only  $3300.00 Overseas registration only  $1250.00 Registration and Annual Practising Certificate  $4150.00 Overseas Registration and Annual Practising Certificate |

If you have not made your payment online, please complete the following:

|  |  |
| --- | --- |
| I am paying by:  Visa  MasterCard  Direct Credit | |
| Credit card number: | |
| Expiry date: | CSV: |
| Name on card: | |
| Cardholder’s signature: | |
| I enclose payment for: (all fees include GST)  $400.00 Registration only  $3300.00 Overseas registration only  $1250.00 Registration and Annual Practising Certificate  $4150.00 Overseas Registration Annual Practising Certificate | |

1. Certified copy of:

|  |  |  |
| --- | --- | --- |
| Enclosed | | |
| * 1. Certified birth certificate  and | Yes | No |
| * 1. Certified Passport (photocopy of the first 2 inside pages) or  certified New Zealand driver’s licence | Yes | No |
| * 1. Certified change of name if applicable Any legal evidence of name change (eg marriage certificate) | Yes | NA |
| * 1. Passport photographs With your name and date of birth on the back of each one | Yes | No |

1. Fitness to practise

During your online registration, you answered the following questions. If you are required to provide a statement or evidence please ensure it is enclosed. (See Appendix 5 for the statements template)

|  |  |  |
| --- | --- | --- |
| Enclosed | | |
| * 1. Communication If English is not your first language, or your tertiary studies were not taught and examined solely in English, you will need to provide a notarised copy of your results on an approved English (IELTS) test. IELTS Results (if applicable): | Yes | NA |
| * 1. Physical and mental health If you suffer from a physical or mental condition, you will need to provide a statement including details of the condition or impairment, duration of treatment and how you manage your mental or physical condition in relation to practising psychotherapy. (See Appendix 5) | Yes | NA |
| * 1. New Zealand record of criminal history All applicants need to provide a record of criminal history. Apply for this at [www.justice.govt.nz/criminal-records](https://www.justice.govt.nz/criminal-records/) If you need to, please supply a statement to support your New Zealand record of criminal history. (See Appendix 5) | Yes | No |
| * 1. Overseas police check All applicants need to provide a record of criminal history. A police check is required from every country you have lived in for more than 12 months over the over the past 10 years. (This does not apply if you were aged 17 or younger while living there) If you need to, please supply a statement to support your overseas Police check. (See Appendix 5) | Yes | NA |
| * 1. Professional conduct During your online registration you answered the following questions. Please provide a statement for each professional conduct question you answered “yes” to on the online declaration.(See Appendix 5 for the statements template) |  |  |
| 1. Are you, or have you ever been, the subject of a professional complaint or disciplinary proceedings in New Zealand or another country? | Yes | No |
| 1. Are you subject to an order of a professional disciplinary tribunal in New Zealand or another country, or to an order of an authority or similar body in another country? | Yes | No |
| 1. Are you currently under investigation in New Zealand or another country for any matter that may be subject of criminal or professional disciplinary proceedings? | Yes | No |
| 1. Are you or have you ever been the subject of a complaint to the New Zealand Health and Disability Commissioner, the New Zealand Privacy Commission or an equivalent office in another country? | Yes | No |
| 1. Have you ever applied, withdrawn or been declined for registration as a health practitioner? | Yes | No |

1. Certificate of good standing

|  |  |  |
| --- | --- | --- |
| Enclosed | | |
| If you are currently or have been previously practising in a country where there is compulsory registration or the equivalent, you are required to provide a certificate of good standing from the registration authority in that country. | Yes | NA |

1. Curriculum vitae (CV) or resume

|  |  |  |
| --- | --- | --- |
| Enclosed | | |
| The Board requires applicants to provide their curriculum vitae with the supporting documentation. This should account for all your time and work experience since graduating and include relevant dates. | Yes | No |

1. Two references

|  |  |  |
| --- | --- | --- |
| Enclosed | | |
| Two references – One professional reference and one character reference (Appendix 1) | Yes | No |

The professional reference must be from your supervisor who is eligible for registration under the Psychotherapist Scope of Practice; or a suitably qualified person as agreed to by the Board.

The character reference must be from a person of good character and reputation within the community. You need to have known this person for at least one year.

1. Qualifications for registration

Please ensure your qualification for registration is certified.

I am applying for:

|  |  |
| --- | --- |
| Psychotherapist Scope of Practice |  |
| Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism |  |
| Interim Psychotherapist Scope of Practice |  |

## **Overseas qualification**

All applications with an overseas qualification will be assessed on a case by case basis. You will need to complete the Board’s Comparable Qualifications policy to help the Board assess if you have the appropriate psychotherapy qualification for registration (on the Tertiary Pathway). Please systematically go through the policy and provide the Board with evidence that you meet all aspects of the policy.

You need to demonstrate clearly that you meet the policy. The Board’s Comparable Qualifications policy is located on the Board’s website under Board Policies <https://secure.pbanz.org.nz/index.php?Policy>

If you have membership with ANZSJA, NZAP or NZACAP you are eligible to take the Professional Development pathway (see next).

## **Qualifications currently eligible for registration**

I am providing certified:

|  |  |
| --- | --- |
| Evidence of current full membership from: The New Zealand Association of Child and Adolescent Psychotherapists or |  |
| Evidence of current full membership from: The New Zealand Association of Psychotherapists or |  |
| Evidence of current Graduate Membership from: The New Zealand Association of Child and Adolescent Psychotherapists or |  |
| Evidence of current Provisional Membership from: The New Zealand Association of Psychotherapists or |  |
| An approved master’s level qualification in psychotherapy from a New Zealand university or a New Zealand training institution or an approved comparable qualification.  One of the following qualifications:   * AUT Master in Psychotherapy (adult psychotherapy pathway) * AUT Master in Psychotherapy (child psychotherapy pathway) * AUT Master of Health Science in Psychotherapy (adult psychotherapy pathway) * AUT Master of Health Science in Psychotherapy (child psychotherapy pathway) * Certified Transactional Analyst (clinical or psychotherapy) * Accredited Jungian Analyst with ANZSJA and/or IAAP * Accredited Psychoanalyst with the International Psychoanalytical Association * Diploma in Psychosynthesis Psychotherapy * Diploma in Gestalt Psychotherapy * Psychodramatist certified by the Board of Examiners of the Australia New Zealand Psychodrama Association * NZ Institute of Psychoanalytic Psychotherapy – Membership * ANZAP Diploma in Adult Psychotherapy * Certified Bioenergetic Therapist (CBT) * The Ashburn Clinic Psychotherapy Training Programme |  |

## **Further clarification**

Interim Psychotherapist Scope of Practice is for practitioners who:

* hold an approved masters level qualification in psychotherapy or child psychotherapy or an approved comparable qualification but may not have yet completed 900 hours of clinical supervised practice and/or have not yet completed 120 hours of personal psychotherapy; (These hours can be completed during and/or following qualification.) or
* have satisfactorily completed an initial assessment accredited or set by the Board but may have not yet completed 900 hours of clinical supervised practice, and/or completed 120 hours of personal psychotherapy, and/or have not yet satisfactorily completed a final assessment accredited or set by the Board.

Board approved assessments will be carried out by organisations which have requirements for training, clinical supervision, personal therapy and reference checks (including an assessment and/or face to face interviews). These organisations will be assessed on a case by case basis to ensure the organisation meets with Board policy. Organisations which are currently accepted as meeting these requirements are ANZSJA, NZACAP and NZAP.

Those applying for Psychotherapist Scope of Practice or Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism need to completethe Declaration of Supervised Psychotherapy Hours and the Therapeutic Experience. (See Appendix 2)

1. Annual Practising Certificate (APC) competence declaration

You are required to complete the annual practising certificate competence declaration if you are applying for an APC. (See Appendix 3)

1. Certified application declaration

Please ensure you have completed the application declaration. (See Appendix 4)

## Personal details

I have included all relevant information for my application.

|  |
| --- |
| Name of applicant: |
| Signature of applicant: |
| Date: |

Please keep a copy of all the documents you send for your own records. The Board cannot take responsibility for items lost in the mail.

**Send registration applications to:**The Psychotherapists Board of Aotearoa New Zealand   
PO Box 9644  
Wellington, 6141

**If you choose to courier, the physical address is:**The Psychotherapists Board of Aotearoa New Zealand   
Level 5  
22 Willeston Street  
Wellington 6011

Documents are date stamped on arrival. If you have not included all relevant information the Board cannot process your application. Processing will start when all the documents and fees have been provided. Date of receipt for the application denotes the date the completed application is received.

|  |
| --- |
| This checklist must accompany your application. Please work through this list and ensure you have supplied everything. If you have left anything out, your application will be considered incomplete and returned to you. |



# Appendix 1: Character Reference Form

The purpose of this reference

This reference is for the Psychotherapists Board of Aotearoa New Zealand (the Board) to collect information from a referee on your suitability to be registered as a psychotherapist.

* we want you to give us one character reference.
* references must be no older than 3 months when received by the Board.

How to choose a referee

Your referee:

* must be a person of good character and standing in the community;
* must have known you for at least 12 months;
* cannot be an immediate relative or your employee.

Applicant details – *This section to be completed by the applicant*

|  |  |
| --- | --- |
| Application reference number: | |
| Full name: | |
| Date of birth: | |
| I agree that the Board may contact the referee in respect of any aspect of this reference. | |
| Signature: | Date: |

Referee details – *This section to be completed by the referee*

|  |
| --- |
| Full name: |
| Position: |
| Employing company/organisation: |
| Phone number: (between 9am-5pm, including area codes) |
| Phone number: (after-hours) |
| Times available after-hours: |
| Email: |
| How long have you known the applicant? |
| In what capacity do you know the applicant? E.g. employee, student, volunteer etc. |
| 1. As far as I am aware, the applicant can communicate for the purpose of practising psychotherapy.   Agree  Disagree |
| 1. As far as I am aware, the applicant does not have any mental or physical health conditions that may impact on their ability to perform the functions required of a psychotherapist.   Agree  Disagree |
| 1. As far as I am aware, the applicant has no criminal convictions.   Agree  Disagree |
| 1. I am not aware of any information/matter at all that could give rise to the belief that this applicant may cause a danger to the public when practising in any area of psychotherapy.   Agree  Disagree |
| Any additional statement (please continue on separate document if necessary) |

|  |  |
| --- | --- |
| Referee declaration:  I confirm the details above.  It is my opinion that (Applicant name) is of sound character and integrity.  I agree that the Board may contact me at the phone numbers and email address on this form.  I declare that I am aged 18 or over, am not an immediate relative or employee of the applicant, and that all the information I have provided is true and correct. | |
| Signed: | Dated: |



# Appendix 1: Professional Reference Form

The purpose of this reference

This reference is for the Psychotherapists Board of Aotearoa New Zealand (the Board) to collect information from a referee on your suitability to be registered as a psychotherapist.

* we want you to give us one professional reference.
* references must be no older than 3 months when received by the Board.

How to choose a referee

Your professional referee must be either:

* a registered psychotherapist with a current APC; or
* a Board approved supervisor.

Your referee must have known you for at least 12 months.

If you have changed supervisors over the past 12 months, you will need to provide references from your previous supervisors.

If you are applying with an overseas qualification and do not have a professional referee who meets the above criteria, your supervisor is required to provide a CV outlining their competence in psychotherapy supervision, either by qualification, professional development, skills and/or knowledge. The Board will review the information you provide and confirm their suitability as a professional referee.

Applicant details – *This section to be completed by the applicant*

|  |  |
| --- | --- |
| Application reference number: | |
| Full name: | |
| Date of birth: | |
| I agree that the Board may contact the referee in respect of any aspect of this reference. | |
| Signature: | Date: |

Referee details – *This section to be completed by the referee*

|  |
| --- |
| Full name: |
| Position: |
| Employing company/organisation: |
| Phone number: (between 9am-5pm, including area codes) |
| Phone number: (after-hours) |
| Times available after-hours: |
| Email: |
| How long have you known the applicant? |
| In what capacity do you know the applicant? E.g. employee, student, volunteer etc. |
| 1. As far as I am aware, the applicant can communicate for the purpose of practising psychotherapy.   Agree  Disagree |
| 1. As far as I am aware, the applicant does not have any mental or physical health conditions that may impact on their ability to perform the functions required of a psychotherapist.   Agree  Disagree |
| 1. As far as I am aware, the applicant has no criminal convictions.   Agree  Disagree |
| 1. I am not aware of any information/matter at all that could give rise to the belief that this applicant may cause a danger to the public when practising in any area of psychotherapy.   Agree  Disagree |
| Any additional statement (please continue on separate document if necessary) |

|  |  |
| --- | --- |
| Referee declaration:  I confirm the details above.  It is my opinion that (Applicant name) is of sound character and integrity.  I agree that the Board may contact me at the phone numbers and email address on this form.  I declare that I am aged 18 or over, am not an immediate relative or employee of the applicant, and that all the information I have provided is true and correct. | |
| Signed: | Dated: |



# Appendix 2: Supervised Psychotherapy and Therapeutic Experience Declaration

You will need to make a statutory declaration by signing this form in the presence of a lawyer, Justice of the Peace, Notary Public, Court Registrar or any other person authorised to take such declarations.

You must complete this form if you are applying for the Psychotherapist Scope of Practice or the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism.

Applicant details – *This section to be completed by the applicant*

I (Name) solemnly and sincerely declare that I have provided a minimum of 900 hours of supervised psychotherapy to clients. I have also undergone a personal therapeutic experience.

|  |
| --- |
| Full name: |
| Date of birth: |
| Application reference number: |
| Date: |
| Signature: |

Certifier details – *This section to be completed by the certifier*

|  |
| --- |
| Name: |
| Date: |
| Address: |
| Occupation: |
| Signature: |

Penalty for wrongfully procuring registration

It is your responsibility to ensure the information supplied to the Board is true and correct. If it is subsequently shown that you have obtained registration fraudulently, your entry in the register will be cancelled and you will be unable to lawfully practise in New Zealand. You may face imprisonment and/or a fine of $10,000.



# Appendix 3: Declaration of Competence

You need to complete this form if you are applying for an Annual Practising Certificate (APC) in New Zealand for the first time.

An APC is issued when the Board is satisfied that an applicant:

* has New Zealand qualifications and experience that meet with the Board’s qualification and eligibility for registration policy; or
* has qualifications and experience which have been assessed as equivalent to the Board eligibility for registration policy; and
* meets the criteria in all aspects of fitness to practise.

***This section to be completed by the applicant***

|  |
| --- |
| I am applying under:  Psychotherapist Scope of Practice  Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism  Interim Psychotherapist Scope of Practice |

You must sign the following declaration. If you are unable to answer any of these questions or your answer is ‘false’ contact the Board for further assistance.

If you have a health condition which may affect your ability to practise safely, please ensure those details are attached to your supporting documentation (Appendix 5)

|  |  |  |
| --- | --- | --- |
| I       solemnly and sincerely declare that: | | |
| * 1. I am practising psychotherapy at the date of this application | True | False |
| * 1. Within the 3 years immediately preceding the date of this application I have been lawfully practising psychotherapy as a psychotherapist | True | False |
| * 1. I believe to the best of my knowledge that I am competent to practise in accordance with the scope of practice I am qualified to work within and that there are no mental or physical conditions I am aware of that may compromise that competence | True | False |
| * 1. I have submitted a copy of my criminal conviction information held by the Ministry of Justice for the Board’s consideration | True | False |

Applicant details – *This section to be completed by the applicant*

I make this solemn declaration conscientiously believing the same to be true by virtue of the Oaths and Declarations Act 1957.

|  |
| --- |
| Name: |
| Date of birth: |
| Application reference number: |
| Date: |

Certifier details – *This section to be completed by the certifier*

|  |
| --- |
| Name: |
| Address: |
| Occupation: |
| Date: |
| Signature: |

Penalty for wrongfully procuring registration

It is your responsibility to ensure the information supplied to the Board is true and correct. If it is subsequently shown that you have obtained registration fraudulently, your entry in the register will be cancelled and you will be unable to lawfully practise in New Zealand. You may face imprisonment and/or a fine of $10,000.



# Appendix 4: Statutory Declaration

You will need to make a statutory declaration by signing the application form in the presence of a lawyer, Justice of the Peace, Notary Public, Court Registrar or any other person authorised to take such declarations.

I am the person who is applying for registration and an Annual Practising Certificate (APC) as a psychotherapist in New Zealand under the Health Practitioners Competence Assurance Act 2003 (HPCAA).

I am the person named in the qualifications with this application and that the information I have given is true and correct in every detail.

I have the prescribed qualifications for the scope of practice that I seek to be registered with, and that I am competent to practise within the scope of practice that I have applied for.

I am fit for registration as defined under section 16 of the HPCAA and I know of no information that could cause the Board not to be satisfied that I am of good character and reputation and am fit and proper person to be registered.

I do not have a mental or physical condition that precludes me functioning as a safe and competent practitioner.

I understand the Board may obtain further information as notified in section 19 of the HPCAA concerning my application and I consent to the collection of such information by the Board or its agents.

I understand although the provision of any information by me is voluntary, if I refuse to provide any information this may affect the Board’s consideration of my application.

I understand I must be registered and hold an APC with the Psychotherapists Board of Aotearoa New Zealand before I can practise psychotherapy as a psychotherapist.

*This section to be completed by the applicant*

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

|  |
| --- |
| Full name: |
| Date of birth: |
| Application reference number: |
| Signature: |

*This section to be completed by the certifier*

|  |
| --- |
| Full name: |
| Address: |
| Occupation: |
| Signature: |
| Date: |



# Appendix 5: Statements Template

You only need to complete this form when a statement is required.

You must use a new form for every statement you make (this includes a new form for each professional conduct question that requires a statement)

|  |  |  |
| --- | --- | --- |
| This statement is in relation to: | | |
| 1. Communication | Yes | No |
| 1. Physical and mental health | Yes | No |
| 1. New Zealand record of criminal history | Yes | No |
| 1. Overseas police check | Yes | No |
| 1. Professional conduct |  |  |
| 1. Are you, or have you ever been, the subject of a professional complaint or disciplinary proceedings in New Zealand or another country? | Yes | No |
| 1. Are you subject to an order of a professional disciplinary tribunal in New Zealand or another country, or to an order of an authority or similar body in another country? | Yes | No |
| 1. Are you currently under investigation in New Zealand or another country for any matter that may be subject of criminal or professional disciplinary proceedings? | Yes | No |
| 1. Are you or have you ever been the subject of a complaint to the New Zealand Health and Disability Commissioner, the New Zealand Privacy Commission or an equivalent office in another country? | Yes | No |
| 1. Have you ever applied, withdrawn or been declined for registration as a health practitioner? | Yes | No |

I       solemnly and sincerely declare that:

|  |
| --- |
| Full name: |
| Address: |
| Occupation: |
| Signature: |
| Application reference number: |
| Date: |