

# Registration and Annual Practising Certificate Checklist

## Checklist

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

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| 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)

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| --- |
| 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. 2 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.

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| 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. |