

Application for initial consideration for registration as an overseas-qualified pharmacists

This application form is for overseas-qualified pharmacists to apply for initial consideration of eligibility to become a registered pharmacist in New Zealand, via the Non-Recognised Equivalent Qualifications route (Non-REQR).

Before you start your application

Complete all sections and use the checklist **ATTACHED** to confirm the required documentation is included. Pharmacy Council reserves the right to decline an application at any stage of the process.

Payment of the application fee will be processed immediately on receipt of this form, and prior to assessing the application. You have **90 DAYS** from the date this application form is received, and the payment is processed, to provide all supporting documents.

An application will only be considered **COMPLETE** when all supporting documents have been received. Once this requirement is met, we will begin assessing your application and contact you if further information is required.

If your original documents are not in English, you must obtain **AN OFFICIALLY CERTIFIED** English Translation. All documents must be supported by a statutory declaration to the effect that they are genuine and relate to you.

A certified copy is a photocopy of the original document that has been certified as a true copy. In New Zealand, this can be done by a Justice of Peace, Solicitor or NZ Court Registrar. A statutory declaration must be signed by the same person who certifies your documentation. Please note the following extract from the Oaths and Declarations Act:

- A declaration made in a Commonwealth country other than New Zealand shall be made before a Judge, a Commissioner of Oaths, a notary public, a Justice of the Peace, or any person authorized by the law of that country to administer an oath there for the purpose of a judicial proceeding, or before a Commonwealth representative, or before a solicitor of the High Court of New Zealand.
- A declaration made in a country other than a Commonwealth country shall be made before a Commonwealth representative, or before a Judge, or before a notary public, or before a solicitor of the High Court of New Zealand.
- Any document purporting to have affixed, impressed, or subscribed thereon or thereto the seal or signature of any person authorized by this section to take a declaration shall be admitted in evidence without proof of the seal or signature being the seal or signature of that person or of the official or other character of that person.

Please send your Application for initial consideration for registration and supporting documentation, by courier to the following address:

**The Registrations Officer
Pharmacy Council
Level 7, 22 The Terrace
Wellington Central
Wellington 6011
New Zealand**

REGISTRATION AS AN OVERSEAS-QUALIFIED PHARMACIST (non-REQR)

REGISTRATION NUMBER	
(Leave blank) for office use only	
NAME <i>Please enclose a CERTIFIED copy of the details page in your passport (including the photo)</i>	
First Name(s)	
Middle Name	
Preferred name	
Last name	
<p>If your name(s) differs from those displayed on your documentation, please indicate the reason for the name change and enclose a CERTIFIED copy of proof:</p> <p><input type="checkbox"/> marriage <input type="checkbox"/> other (explain)</p> <p>.....</p>	
ADDRESS AND CONTACT DETAILS	
Postal address	
Mobile phone	
Email	

IDENTIFICATION <i>Please note:</i> <i>Please attach two (2) recent passport size photographs. These photographs must be CERTIFIED by writing the statement "certified true likeness of (your full name)" on the back of the photos. They must also sign and date this statement.</i>		<i>(attach two recent certified passport photographs here)</i>
Birthplace <i>(city and country of birth)</i>		Date of birth <i>(day/month/year)</i>
<input type="checkbox"/> female	<input type="checkbox"/> male	<input type="checkbox"/> indeterminate

PRIMARY PHARMACY QUALIFICATION ACHIEVED

Please note: Applicants who graduated after 1 January 2006 must have a pharmacy qualification at a minimum four-year degree.

Name of qualification			
Graduating university		Year of completion:	
Country			

PHARMACY REGISTRATION AUTHORITY

Name of Registration <i>Authority you are currently registered with</i>			
Date of Registration <i>(day/month/year)</i>		Registration Number	
Have you ever been denied registration in the past by any health registration authority?			(tick one) <input type="checkbox"/> yes <input type="checkbox"/> no

PHARMACY REGISTRATION AUTHORITY (if multiple)

Name of Registration <i>Authority you were/are currently registered with</i>			
Date of Registration <i>(day/month/year)</i>		Registration Number	

ENGLISH LANGUAGE REQUIREMENTS (IELTS OR OET)

*Please note: We strongly recommend you submit your application for Initial Consideration only after obtaining one of the following certificates.
You can make multiple attempts to pass both the IELTS and OET exams. For the IELTS exam, the required score must be achieved in a single examination attempt. For OET we accept accumulative scores from multiple attempts taken.*

I have an Academic IELTS (International English Language Testing System) certificate issued no more than two years ago with no less than 7 in each of the four bands. (Please arrange for the IELTS test centre to make the results available online for Pharmacy Council of NZ).	(tick one) <input type="checkbox"/> yes <input type="checkbox"/> no
I have an OET certificate issued no more than two years ago, with an 'A' or 'B' score in all four components. (Please arrange for the OET test centre to make the results available online for Pharmacy Council of NZ).	(tick one) <input type="checkbox"/> yes <input type="checkbox"/> no

FITNESS FOR REGISTRATION

*Please note: Even though it is optional to disclose any health or conduct matter at this stage, we strongly recommend you share with Pharmacy Council any investigation, university disciplinary procedures, decision/warning, conviction, physical condition or disability, mental illness, substance addiction or misuse that may: affect your future registration with Pharmacy Council, or prevent you from or impair your ability to undertake any regular tasks carried out by an intern pharmacist.
If applicable, please use [Disclosure of Health Condition Form](#) or [Conduct Disclosure Form](#) for early disclose of your situation.*

APPLICATION FEES

Please note: Only payment by credit/debit card is accepted. Please note that credit card/debit payments incur a processing charge of 2% per transaction. This will be added to your payment. Credit card details can also be disclosed via phone: +64 4 495 0330.

Cardholder name:	
Please select your application fee:	<input type="checkbox"/> \$777.00 (including GST) if you currently reside in New Zealand <input type="checkbox"/> \$675.65 (excluding GST) if you currently reside overseas
Card type:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Expiry date:	
Security Code:	
Card Number:	
Cardholder signature:	

I choose to provide the credit card details over the phone.

CHECKLIST

Proof of Identification	<input type="checkbox"/> Two certified passport photos. <input type="checkbox"/> Certified colour copy of the details page of your passport (photo included).
Change of name documentation (if applicable)	<i>Please note: If your original documents are not in English, you must obtain an officially certified English translation.</i> <input type="checkbox"/> Certified documents for evidence of name change (if applicable).
English Language Exam (no older than two years)	<i>Please note: Please arrange for the results to be available for Pharmacy Council NZ in your Test Verification Portal prior to sending an application.</i> <input type="checkbox"/> Academic IELTS - A minimum score of 7.0 in each of the four bands (listening, reading, writing, and speaking) achieved at the same sitting. <input type="checkbox"/> OET - A minimum B score in each of the four bands (listening, reading, writing, and speaking) is required. Results can be achieved in more than one sitting.
Current Curriculum Vitae	<i>Please note: Include your personal details, qualifications, work history and detailed experience, achievements, etc.</i> <input type="checkbox"/> Yes, I do have a current CV handy!
Self-Assessment of your qualification and post registration experience	<i>Please note: You may need to complete a self-assessment of your qualification and post-registration experience. We will send you a form once we've received your completed application.</i> <input type="checkbox"/> Noted

Pharmacy Qualification (4-year qualification, if obtained after 1 January 2006)	<p><i>Please note: You should arrange for this document to be sent to Pharmacy Council directly from your University (Electronically or hard copy). We won't accept copies sent by you. If your original documents are not in English, you must obtain an officially certified English translation.</i></p> <p><input type="checkbox"/> Copy of your academic record (degree transcript). <input type="checkbox"/> Confirmation of completion of your pharmacy degree.</p>
Registration Status	<p><i>Please note: You should arrange for this document to be sent to Pharmacy Council directly from the authority(s) either electronically or by hard copy. If your original document is not in English, you must obtain an officially certified English translation.</i></p> <p><input type="checkbox"/> Confirmation of your pharmacist registration (or licensing). <input type="checkbox"/> Certificate of Good Standing from each Authority you have been registered with.</p>
Statutory Declaration (please see below)	<input type="checkbox"/> Signed

STATUARY DECLARATION

I.....
(print full name) (occupation)

of.....
(city of residence)

solemnly and sincerely declare that the information I have given in this form is, to the best of my knowledge, true and correct and that I am the person referred to in the documents which accompany this declaration.

I understand that the information I have provided is to be used by the Pharmacy Council for the purposes of considering my application.	(tick one) <input type="checkbox"/> yes <input type="checkbox"/> no
I understand that although my provision of information is voluntary, if I refuse to provide any information this may affect the Pharmacy Council's consideration of my application.	(tick one) <input type="checkbox"/> yes <input type="checkbox"/> no
And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.	(tick one) <input type="checkbox"/> yes <input type="checkbox"/> no
Your signature:	
Declared at (dd/mm/yy):	
In the presence of (title and signature):	