**Application for registration as a Veterinary Nurse or Technician Specialist in New Zealand**

**Specialist Registration Procedures**

The Allied Veterinary Professional Regulatory Council (AVPRC) considers and makes decisions on applications for specialist registration, following an assessment of the applicant’s qualifications, training, and experience.

**Minimum Eligibility Criteria**

* Registered with the AVPRC as a registered veterinary nurse or technician
* Practice as a qualified veterinary nurse or technician for a minimum of five years
* Pass a board-certified examination from a certifying body in a specific area of veterinary medicine
* Maintain active membership according to your specialty requirements
	+ If your specialty membership expires or is revoked, you will be removed from the AVPRC specialist register

**Who Should Use This Form?**

Only use this form if:

* You are already registered as a veterinary nurse or technician in New Zealand
* You wish to apply for registration as a Veterinary Nurse or Technician Specialist

Those not registered as a veterinary nurse or technician in New Zealand should first apply for registration using the general registration via the AVPRC website.

**Application Process**

You must submit the following for your application to be processed

* This completed application form
* A copy of your certification or proof of membership
* Evidence of a name change, such as
	+ Name change certificate
	+ Marriage certificate
	+ New Zealand birth certificate
* Pay the application fee ($45 NZD)

The AVPRC makes the final decision on admissions to the specialist register. Submitting an application and paying the prescribed fee does not guarantee admission to the specialist register. You can appeal this assessment if the AVPRC has not approved your specialist registration. You should include reasons why you disagree with the AVPRC assessment.

**Important Notes**

This application form is a formal document. All applicants must complete the application carefully and honestly. If you provide false or misleading information, your specialist registration may be revoked.

Please forward your completed application to info@avprc.org.nz

**Registration Application – Veterinary Nurse or Technician Specialist**

First Name/s:

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Last Name/s:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Name/s:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If names differ from those you are registered under, please provide documentary evidence of a name change.

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specialty**

Name/s of specialist qualifications:

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Abbreviated name/s:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of certifying body:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Awarded:

**Declaration**

I understand that my specialist nurse or technician registration may be revoked if I make a false or misleading representation or declaration or if I am not entitled to be registered as a veterinary nurse or technician specialist.

I agree to the AVPRC obtaining further information from me or any person or organization concerning this specialist registration application and consent to collect such information by the AVPRC or its agents.

I solemnly and sincerely declare that I am the person who is applying for registration as a veterinary nurse or technician specialist in New Zealand, that I am the person named in the documents provided to inform the AVPRC assessment of my qualifications, training, and experience and that the information I have given to the AVPRC is true and correct.

I understand the final decision lies with the AVPRC regarding all specialist registration applications and that applying and paying the prescribed fee does not guarantee admission to the specialist register.

Name:

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Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

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**Next Steps**

1. Complete and sign the application form
2. Email this application form to info@avprc.org.nz alongside your supporting documents
3. We will contact you via email to inform you if we will proceed with your assessment and provide you with payment details
4. The AVPRC registration committee will assess your application and notify you of the results