



DIETITIANS BOARD

Te Mana Mātanga Mātai Kai

Recognition of Overseas Qualification Application Form

Application Information

Applicant Name:

The purpose of this Assessment is to 'evaluate' your qualifications, education, and training against the New Zealand training for dietitians. This is why we ask for all relevant material that may assist in your application to progress through all states of becoming a Registered Dietitian in New Zealand.

Please read [Recognition of Overseas Qualification checklist](#) to ensure you have submitted the correct documentation.

Once your dietetic qualifications have been recognised you will be invited to sit the Boards Registration Examinations; a written exam and an oral exam.

On successful completion of both registration exams, you will be invited to apply for registration and a practising certificate.

Separate application forms for registration and for an Annual Practising Certificate (APC) will need to be completed and the required fees paid in due course.

Please Note:

In New Zealand, Dietitians are a regulated health profession under the [Health Practitioners Competence Assurance Act 2003](#) (HPCA Act).

In order to lawfully call yourself a dietitian and practise as a dietitian in New Zealand, you must:

- Be registered with the Dietitians Board, and
- Hold a current Annual Practising Certificate (APC).

An **Annual Practising Certificate** is applied and paid for separately after you have been granted Registration. If you are working within the [Scope of Practice: Dietitian](#), you must hold an Annual Practising Certificate.

For information relating to areas that dietitians work, please read about [How is "practice" defined?](#)

Recognition of Overseas Qualification Application fee: \$1500

Required Documents

Read the checklist, **Section P**, and post all the documentation along with this completed and signed application form to the Board.

When completing this form, please write in **CAPITALISED LETTERS**, for example ANN SMITH.

When collating your documents, please DO NOT use staples.

Contacting the Dietitians Board

Please Note: Your Recognition of Overseas Qualification application cannot be completed until the Board receives all the required documents.

The Board's Secretariat will be in contact with you when all documents have been received. If you have any questions, please contact the Registration Officer at administration@dietitiansboard.org.nz.

Send your application to:

Postal Address:

The Registrar
Dietitians Board
PO Box 9644
WELLINGTON 6141
New Zealand

Courier Address:

The Registrar
Dietitians Board
Level 5
22 Willeston Street
WELLINGTON 6041
New Zealand

PLEASE WRITE CLEARLY USING CAPITALISED LETTERS**A. Recognition of Dietetic Qualification**

I wish to apply for Recognition of Dietetic Qualification to become a New Zealand Registered Dietitian:

Yes / No

I have previously applied for Recognition of Dietetic Qualification, or Registration with the Dietitians Board in New Zealand:

Yes / No

If the answer is yes, please advise the month/year:

B. Personal Details

Title: Miss / Ms / Mrs / Mr / Dr / Mx

Gender: Female / Male / Not specified

Preferred name:

First name:

Middle name/s:

Surname:

Former Surname (if applicable):

Ethnicity:

Date of Birth:

Main phone number:

Secondary phone number:

Preferred email address:

Other email address:

Please complete the following address details. Under the HPCA Act you are required to provide at all times the Board with a current postal and residential address and work address (if known). Either your residential or alternative address can be your mailing address; please tick the appropriate box.

Residential Address Mailing <input type="checkbox"/>	Alternative Address Mailing <input type="checkbox"/>	Workplace Address (if known)
		Workplace Name:
		Address:
Suburb:	Suburb:	Suburb:
Post code:	Post code:	Post code:
Country:	Country:	Country:

C. Arrival in New Zealand

Date arrived or intend to arrive in New Zealand on or about:

Residency status and/ or intentions for residency will be:

resident

permanent resident

D. Right to work in New Zealand

- I:
- am a **New Zealand** citizen
 - am an **Australian** citizen
 - have a **valid work visa***
- * If you have a work visa, please include a certified copy of your work visa to this application.
- intend to apply or have applied for a **visa****
- ** If you intent to apply for a visa, please indicate which visa:**

E. Criminal Conviction/ Police Report/s

All applicants are required to provide an original or certified copy of a police report from every country in which they have lived since the age of 17. In determining fitness for registration, the Dietitians Board is required to take criminal convictions into consideration. Reports must have been issued within the last 12 months of the date of this application.

An overseas applicant for Recognition of Overseas Qualification can meet the Board's requirements by submitting a **certified copy of a current work, student or resident visa** issued by the New Zealand Government.

Please list all countries you have lived since age 17 years for 12 months or more:

1.	4.
2.	5.
3.	6.

Please refer to the Dietitians Board Policy on [Criminal Convictions/ Police Reports](#). Criminal conviction history checks are required for all countries in which you have lived for 12 months or more since age 17 and must be issued within 12 months of the date of this application.

F. English Language Requirements

In order to practise as a dietitian in New Zealand, you must satisfy the Dietitians Board English Language Requirements and demonstrate that you have an excellent command of the English language to allow you to communicate effectively with patients/clients and professional colleagues.

Please refer to the Dietitians Board Policy on [English Language Requirements](#).

English is my first language: Yes / No

If **no**, please complete below and provide certified evidence you have met the language requirements.

I completed the:

- International English Language Testing System (IELTS)** (overall pass of at least 7.5 and a minimum of 7.0 in each band)
- Occupational English Test** (A or B in all four sections).

Date exam taken:

Please note: Applications for Recognition of Dietetic Qualification are only accepted once you have provided evidence of a successful pass in one of the tests recognised by the Board (if English is your second language). The test must have been taken successfully in the 12 month period prior to this application. The results of tests taken more than 12 months prior to your application will not be accepted.

PLEASE USE ADDITIONAL SHEETS OF PAPER IF REQUIRED TO INCLUDE ALL RELEVANT EDUCATION AND TRAINING

G. Dietetic Qualification Information – Pre-requisite Education and Training (Tertiary)

For example, your Bachelor of Science degree

Dietetic qualification held (name in full):

Dates from (month/year): _____ to (month/ year): _____

Total length of training (in weeks):

Granting University/ Institution:

Location (city/ country):

Date the degree/ qualification was conferred:

Was this programme instructed and examined entirely in the English language? Yes / No

Subjects studied:

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

PLEASE USE ADDITIONAL SHEETS OF PAPER IF REQUIRED TO INCLUDE ALL RELEVANT EDUCATION AND TRAINING

H. Dietetic Qualification Information – ALL Education and Training Related to your Dietetic Career

For example, a Postgraduate Diploma in Dietetics and/ or a Master in Dietetics.

Dietetic qualification held (name in full):

Dates from (month/year): _____ to (month/ year): _____

Total length of training (in weeks):

Granting University/ Institution:

Location (city/ country):

Date the degree/ qualification was conferred:

Was this programme instructed and examined entirely in the English language? Yes / No

Subjects studied:

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

I. Dietetic Registration outside New Zealand or Membership with a Dietetic Association

Are you required to be registered to work as and call yourself a dietitian with a registration authority outside of New Zealand?

Yes / No

If you answered **yes** to the above question, please complete the following questions.

I am registered with:

My registration number is:

Dates you have been registered from (month/year): _____ **to (month/ year):** _____

If you answered **no** to the above question, please complete the following questions:

I am a member of a professional organisation:

My membership number is:

Dates you have been registered from (month/year): _____ **to (month/ year):** _____

Other Registration

Have you been registered with any other health occupational registration authority? Yes / No

If yes, which authority and when?

J. Certificate of Good Standing

Applicants who have dietetic qualifications gained in countries other than New Zealand must provide a certified Certificate or letter of Good Standing from the registration authority.

The Certificate must be dated, signed and be no more than six months old, and address the following questions:

- Is the applicant the subject of any disciplinary proceedings?
- Is the applicant under investigation?
- Is the applicant subject to any orders of a professional disciplinary tribunal?

Note: In countries where there is no registration body, a Certificate of Good Standing from the **professional Dietetic association** must be supplied. Please also provide a copy of your Annual Practising Certificate or Licence.

K. Professional Reference – From Current or Last Employer

The Board requires **one** professional reference. Your reference must come from a current or past employer. The reference letter must be from an employer where you worked for at least a year within the last three (3) years. The reference letter should be on official letterhead and must be signed.

Please note: The applicant is expected to ensure the letter of reference is **sent directly to the Dietitians Board from the referee**. Without this your application cannot proceed.

The references may be scanned and emailed by the referee to initiate the assessment process, but the originals must also be posted.

See **SECTION 5** for a detachable sheet to be provided to your chosen referee.

Name of Referee 1:

Contact Number:

Primary Email Address:

L. Character and Fitness to Practice Reference – From Registered or Credentialed Dietitians

The Board requires **two** character and fitness to practice references. Your reference letters must come from qualified dietitians who have supervised you or have been able to closely observe your dietetic practice within the last three (3) years. The reference letter should be on official letterhead and must be signed.

Please note: The applicant is expected to ensure the letter of reference is **sent directly to the Dietitians Board from the referee**. Without this your application cannot proceed.

The references may be scanned and emailed by the referee to initiate the assessment process, but the originals must also be posted.

See **SECTION S** for a detachable sheet to be provided to your chosen referees.

Name of Referee 1:

Contact Number:

Primary Email Address:

Name of Referee 2:

Contact Number:

Email Address:

M. Curriculum Vitae (CV)

Please ensure your CV is sufficiently detailed and accurate. In some cases the Board may also take into account, when making its assessment, the relevant dietetic work experience of an individual who has been working for five or more years.

N. Certification and Translation of documents

Please note:

- All documents which are not in English, must be accompanied by an official **English translation, and**
- All documents supporting your application must be the original, **or** correctly certified copies of the original.

A **certified copy** is a direct copy (photocopy) of an original document certified by an official with the necessary legal power: a Justice of the Peace, solicitor, or Notary Public only (not Police or Post Office or others). The official must sign with his/her name, position, **and** an official seal or stamp to show the certifier is genuine, clearly visible beneath the signature).

If documentation that is not correctly certified as above, it will not be accepted.

Refer to the [Certification Requirements and Translation of Documents](#) for more information.

O. Payment Details

You must pay the fee for Recognition of Dietetic Qualification with this application form.

Please note that all fees are in New Zealand dollars (inclusive of New Zealand Goods and Services Tax) and are non-refundable. Please pay in NZ Dollars by bank deposit **OR** by credit (VISA or MasterCard only).

Internet banking**Bank Account number: 03-0502-0254-940-000****SWIFT Code: WPACNZ2W**

I have paid by Internet Banking on (date):

My reference was (please use your full name):

Credit/ Debit Credit Card**VISA / MasterCard (please circle)**

Card Number: _ _ _ _ _ _ _ _ _ _

Expiry Date (Month/ Year):**Amount:****Card Holders Name:****Signature:**

P. Application Checklist

PLEASE DO NOT USE STAPLES WHEN COLLATING YOUR DOCUMENTS

Before you complete the following declaration, please ensure that you have prepared and/or included the following items.

Please ensure that you have answered all the compulsory questions within the declaration, in Section Q, and that the application is complete and accurate.

If any information is missing then the application will not be processed and we will contact you.

Tick to indicate you have included the following items:

- Certified copy of birth certificate or passport
- Certified copy of current Visa (if applicable)
- Certified copy of completed criminal conviction history check*
- Certified evidence of IELTS/OET results (if applicable)
- Certified copy of certificate/s of dietetic qualifications
- Certified copy of academic transcripts
- Certified copy of course syllabus
- Certificate of Good Standing
- Contact details of three referees
- Current Curriculum Vitae/ Resume
- Completed request form for criminal conviction history check with New Zealand (if applicable)**
- Evidence of name change, for example a marriage certificate (if applicable)
- Fee Payment details
- Included extra information per **Section Q: Compulsory Questions**

Please remember to provide the final page of this document to your referee.

Please note [certified documents](#) are **copies** of your original documents sighted by an individual of authority such as a Solicitor, Justice of the Peace or Court Registrar. The date of certification must be within 6 months of the date the Board receives the document as part of an application. Refer to the [Certification Requirements and Translation of Documents](#) for more information.

* Please refer to the Dietitians Board Policy on [Criminal Convictions/ Police Reports](#). Criminal conviction history checks are required for all countries in which you have lived for 12 months or more since age 17 and must be issued within 12 months of the date of this application.

** If you have been living in New Zealand for 12 months or more, please complete the [Ministry of Justice](#) request for a 'criminal conviction history by a third party' form.

Q. Fitness for Registration

In order to protect the health and safety of the New Zealand public the Board must establish that you are fit for registration. Please answer all the following questions and where necessary provide relevant information. You may be required to provide additional information depending on your response to the following questions. If so, please enclose the specific information required.

Communication	<p>Are you able to communicate effectively for the purposes of practising within the scope of practice in which I seek registration?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you able to communicate in and comprehend English to a standard sufficient to protect the health and safety of the public?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Registration, certification or licensing outside of New Zealand	<p>Has any application you have made for registration, certification or licensing as a health practitioner or as a provider of healthcare services been refused for any reason in another country, state or territory?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes please provide a personally signed statement describing the circumstances.</p> <p>Has any registration you hold or have held, as a health practitioner, been made subject to any limitations, restrictions or conditions (including supervision requirements) on your practice?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes please provide a personally signed statement describing the circumstances.</p>
Physical and Mental Fitness	<p>Do you suffer (or have you ever suffered) from any mental or physical condition that may impair your ability to perform the functions required to practise as a dietitian? This might include, for example, epilepsy, dyslexia, an infectious disease or a condition or alcohol or drug use if these conditions may impair your ability to practise as a dietitian.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes provide:</p> <ul style="list-style-type: none"> • A signed statement giving details of your condition or impairment, including duration and treatment of your condition or impairment; your insight and understanding of your health condition and its triggers; details of strategies utilised; and your management plan for your future practise as a dietitian; and • A recent supporting letter signed by your current treating practitioner confirming the details of your management, any medication you are currently taking, and including comment on whether or not they believe that your condition or impairment does not currently, or will not in the future, impair your ability to perform the functions required for the practise as a dietitian.
Police Investigation	<p>Are you aware of any police investigation (include traffic offences involving alcohol or drugs) pending or proceeding against you in New Zealand or elsewhere?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes provide:</p> <ul style="list-style-type: none"> • a signed reflective statement describing the incident(s); and • a character reference posted directly to the Board by a referee who has knowledge of the incident/offending; and • a certified copy of each of the relevant reports, summons, findings, decisions and orders.
Convictions	<p>Have you ever been convicted of any criminal offence punishable by imprisonment for a term of 3 months or longer (include traffic offences involving alcohol or drugs) in New Zealand or overseas?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes provide:</p> <ul style="list-style-type: none"> • a signed reflective statement describing the incident(s); and • a character reference posted directly to the Board by a referee who has knowledge of the incident/offending.

Educational Record	<p>Have you ever been or are you currently subject to any investigation by an educational institution in New Zealand or elsewhere?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes provide:</p> <ul style="list-style-type: none"> • a signed reflective statement describing the circumstances; and • a character reference posted directly to the Board by a referee who has full knowledge of the circumstances; and • a certified copy of each of the relevant reports, findings, decisions and orders.
Risk Declaration	<p>Are you aware of any existing circumstances which involve a risk that you may harm the health and safety of members of the public if you practise as a dietitian?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes provide:</p> <ul style="list-style-type: none"> • A signed reflective statement detailing your insight and understanding of the risk factor(s) and the triggers, details of strategies utilised and your management plan for your future practice as a dietitian.
Professional misconduct	<p>Have you ever been the subject of, or are you currently subject to:</p> <p>Any investigation in New Zealand or elsewhere, relating to any matter that may result in professional disciplinary proceedings?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A formal competence review (or similar process) or a restriction on your practice based on your clinical performance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you now or have you ever been, subject to an adverse finding in any disciplinary action in Australia, New Zealand or elsewhere? (This includes issues raised with the Health and Disability Commissioner's Office in New Zealand or any regulatory authority in another country.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you now or have you ever been subject to a condition imposed or an order made against you by a regulatory authority or similar body?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has any registration you have held, in any country, been suspended, withdrawn, revoked, cancelled and/or removed for any reason?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had your employment as a dietitian terminated on the grounds of misconduct or for reasons related to competence?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes to any of the previous six questions, provide:</p> <ul style="list-style-type: none"> • A signed reflective statement describing the incident(s); and • A character reference posted directly to the Board by a referee who has knowledge of the incident/offending; and • A certified copy of each of the relevant reports, findings, decisions, orders and any conditions or endorsements on registration certificates.

Obligations as a Registered Dietitian in New Zealand	<p><i>I understand, to lawfully call myself a dietitian and practise as a dietitian in New Zealand, I must:</i></p> <ul style="list-style-type: none">• <i>Be registered with the Dietitians Board, and</i>• <i>Hold a current Annual Practising Certificate (APC).</i> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>I understand that in being accepted to the Register, I am required to participate in the Board's Continuing Competence Programme.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>I have read and understand the Scope of Practice: Dietitians.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>I have read and understood the Professional Standards and Competencies for Dietitians (PSCD).</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>I have read and understand the Code of Ethics and Conduct.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	--

R. Statutory Declaration

If your statutory declaration is made in New Zealand, it must be made before a person entitled under the Oaths and Declarations Act 1957 to take statutory declarations e.g. a person enrolled as a Barrister and Solicitor of the High Court of New Zealand, Justice of the Peace, Notary Public, New Zealand Court Registrar or some other person authorised to administer an oath (see section 9 of Oaths and Declarations Act 1957.) If the declaration is made overseas, please see section 11 of Oaths and Declarations Act 1957.

Do not complete this statutory declaration until you are with the official

Note: Official must be someone entitled to take a Statutory Declaration under the New Zealand Oaths and Declarations Act 1957.

Your statutory declaration must be dated no earlier than three months when we receive your application.

Name of person making declaration (use the name you supplied on Section B of the Application Form)

Note: If you are completing this statutory declaration in New Zealand you cannot use names, words, titles, initials, abbreviations, or descriptions stating or implying that you are a Dietitian in New Zealand.

If you do not have a current occupation you may write unemployed. You can only use titles you are legally allowed to use.

Full name of applicant:

I,

Address of applicant:

Of,

Occupation of applicant (see note above):

solemnly and sincerely declare that:

I am the person who is applying for Recognition of Overseas Qualification as a dietitian in New Zealand under the Health Practitioners Competence Assurance Act 2003.

I am the person named in all submitted documents with this application. All information I have given in relation to this application is true and complete and all information that I may provide in relation to this application will be true and complete.

I am not subject to special limitations or special conditions in practising.

I have maintained and will continue to maintain the confidentiality of any persons/organisations referred to in the information provided.

I will notify the Board if any information provided within my application changes during the application process.

I understand the Dietitians Board of New Zealand may obtain further information for the purpose of processing this application or verifying information provided in relation to this application. 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 a current Annual Practising Certificate (APC) issued by the Dietitians Board of New Zealand before I can practise as a dietitian. I am aware of the Continuing Professional Development (CPD) requirements outlined by the Board and that proof of my participation is required for APC renewal.

I understand that knowingly making a false or misleading declaration concerning my application for Recognition of Overseas Qualification is an offence under section 172 of the Health Practitioners Competence Assurance Act 2003.

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

Signature of applicant:

Declared at (location):

This: _____ **day of:** _____ **year:** _____

Before me (Person authorised to take a statutory declaration):

Full name of authorised person:

Signature of authorised person:

Title of authorised person (State the authority under which you are entitled to take a Statutory Declaration e.g. Solicitor of the High Court of New Zealand or Notary Public.

Full postal address of authorised person:

Phone number of authorised person (including country and area code):

Official seal (if applicable):

Penalty for wrongfully procuring registration:

Please 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 practise in New Zealand. You may face imprisonment for dishonesty and/or a fine of \$10,000 if convicted.

Notes to person authorised to take statutory declaration:

There should be accompanying documents to this application form in the form of copies of documents that also require certification.

Please go through the CHECKLIST with the applicant and establish whether accompanying documents are certified copies, and if not, please assist by certifying the accompanying documents as true copies of the original documents and include the following details on each page of the documents:

- Your name/ stamp;
- Contact details in the form of a full postal address and phone number;
- The following statement (or equivalent);
 "I hereby certify that this is a true copy of the original document which I have sighted."
- Your signature/ initials.

Please detach this information sheet and provide a copy to each of your referees. Without this reference your application cannot proceed.

You do not need to include this information sheet when sending your completed application to the Board, as it should be provided to your chosen reference person.

Your referee must send their reference directly to the Board.

S. Guide for Referees

This information sheet is provided to assist people in preparing a reference for applicants for Recognition of Overseas Qualification with the Dietitians Board in New Zealand.

Only supply a reference if:

- You have known the applicant for at least 12 months in a professional capacity
- You are NOT a close friend, flatmate, or relative of the applicant

Professional Reference

- You must have been an employer where the candidate worked within the last three (3) years

Character and Fitness to Practice Reference

- You are a credentialed or registered dietitian and have supervised or worked closely with the candidate

To assist the Board referees should comment to the best of their knowledge on:

Professional Reference

- The capacity in which they know the applicant
- The applicants character, i.e. is the applicant an honest and trustworthy person
- Whether the applicant is a suitable person for registration, i.e. do you believe that the applicant is competent and fit to practise as a registered health professional. The law specifies a number of fitness criteria, the applicant must:
 - Be able to communicate effectively for the purpose of practising
 - Be able to communicate in, and comprehend, English sufficiently to protect the health and safety of the public
 - Not have been convicted of an offence punishable by imprisonment for a term of three months or longer
 - Not have a mental or physical condition that precludes them functioning safely as a dietitian
 - Not be the subject of, under investigation or subject to an order relating to professional disciplinary proceedings

Character and Fitness to Practice Reference

Sending your completed reference to the Board

Please make sure that the name of the person you are providing a reference for is clearly stated on the reference and that wherever possible it is submitted on letterhead.

The reference letter may be scanned and emailed to initiate the assessment process, but the originals **must be posted**.

The Dietitians Board thanks you for your time in reading this information and for preparing a frank reference.

Please send the signed reference direct to:

Postal Address:

The Registrar
Dietitians Board
PO Box 9644
WELLINGTON 6141
New Zealand

Courier Address:

The Registrar
Dietitians Board
Level 5
22 Willeston Street
WELLINGTON 6041
New Zealand