

**APPLICATION FOR AN ADDITIONAL SCOPE: SPECIALIST OPTOMETRIST SCOPE OF PRACTICE – OPHTHALMIC LASER SURGERIES SPECIFIED LASER SURGERY**

**Section 1: Personal and contact details**

Please print clearly

I (full name) ..... Registration no.....  
wish to apply for and addition scope, and the registration in the Specialist Optometrist Scope of Practice – Ophthalmic Laser Surgery.

Title (circle): Dr/Mr/Miss/Mrs/Ms/Mx First/other names: .....

Family name/surname: .....

Previous names (if any) you have used:..... Date changed:.....  
(please attach evidence of previous name(s) – this must be an original document or a certified copy)

Date of birth: day/month/year...../...../..... Country of birth: .....

Postal address (this will not be published)	Work address if different from postal address (this will be part of the public register unless you provide a written objection):	Residential address (this will not be published)
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
Postcode: .....	Postcode: .....	Postcode: .....

Work phone: ..... Cell phone: ..... Other phone: .....

Primary email contact.....

Tick one of the following to show which ethnic group or groups you belong to. If you consider that you belong to more than one ethnic group, please tick the appropriate ones that you most strongly identify with.

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> NZ Māori        | <input type="checkbox"/> NZ European (Pākehā) | <input type="checkbox"/> Australian |
| <input type="checkbox"/> Pacific peoples | <input type="checkbox"/> Other European       | <input type="checkbox"/> Asian      |
| (Please specify)<br>.....                | (Please specify)<br>.....                     | (Please specify)<br>.....           |
| <input type="checkbox"/> African         | <input type="checkbox"/> Indian               | <input type="checkbox"/> Other      |
|  |   | (Please specify)<br>.....           |

## Section 2: Evidence of completion of training

If you have successfully met the requirements of the training programme of the prescribed qualification for the Specialist optometrist scope of practice – Ophthalmic laser surgeries, please submit the following supporting documents:

- Board approval letter to begin training for a specified laser surgery
- Completed *Declaration of required learning*
- Completed and signed *Laser surgery logbook(s)*
- Completed and signed *Laser surgery declaration*
- Completed *Final supervisor sign-off and declaration*

## Section 3: Self declaration

*This statutory declaration must be no more than six months old at the time the complete application is received by the Board. In New Zealand, statutory declarations can be taken by a Judge, Commissioner of Oaths, Justice of the Peace, solicitor of New Zealand, notary public, commonwealth representative, or other officer authorised to take statutory declarations. If you are applying from overseas, you must find a person who is authorised to take a statutory declaration in the country from which you are applying.*

**PLEASE CONSIDER THE FOLLOWING DECLARATION CAREFULLY, BEFORE YOU SIGN.**

I, .....

Full name

of .....

Place of abode/address

Occupation

Solemnly and sincerely declare that

1. all of the information provided with this application is true and correct in every particular and detail.
2. I will provide the Optometrists and Dispensing Opticians Board with any such further information as it may require.
3. I know of no information that could cause the Optometrists and Dispensing Opticians Board not to be satisfied that I am a fit and competent person to be registered within the Specialist optometrist scope of practice.
4. I agree to permit the Optometrists and Dispensing Opticians Board to collect individual statistical data, and the disclosure of my name if requested by the Optometrists and Dispensing Opticians Board for the purposes of monitoring and auditing the health services offered by optometrists in the Specialist optometrist scope of practice.
5. I have no convictions, or any criminal charges pending in any court in New Zealand or elsewhere of any offence against the law (other than minor traffic offences). I understand that should I be made aware of any such convictions or criminal charges pending from the date of registration, I am required to notify the Board within 14 days of being made aware of it.
6. it is my responsibility to ensure that I meet the ongoing competency requirements for both the Optometrist scope of practice as well as the additional requirements relevant to the Specialist optometrist scope of practice, which are in addition and annual.

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 declarant: .....

Declared at ..... on this ..... day of ..... 20

Before me: .....  
A person authorised to take statutory declaration

## Section 4: Payment section

- Fee for applicants applying within 1 year of the date the relevant training was completed: \$153.00
- Fee for applicants applying more than 1 year after the date the relevant training was completed: \$368.00 *(your application will be returned to you if the incorrect fee is paid).*


OR

Please debit my *(please tick one)*

MasterCard

Visa

the sum of NZ\$ .....

Fee banked stamp: 

**Card number** **Expiry date**

Cardholder's name.....Cardholder's signature.....

## Section 5: Checklist for applicants

- Application form is complete, and all questions answered.
- Payment details provided, and correct fee paid.

## Section 6: Supporting information/ Notes

**All documents must be originals or certified copies of originals.** A certified copy is a photocopy signed by a Judge, Commissioner of Oaths, Justice of the Peace, solicitor of New Zealand, notary public, commonwealth representative, or officer authorised to take statutory declarations in that country stating: **'this is certified as a true copy'**.

The Board will not process any application that is not duly completed, until it is declared completed by the Registrar. The Board may, if it thinks fit, receive any information from, or question, the applicant, or any other person, in respect of an application being considered by the Board. For the purposes of any such questioning, the Board may administer an oath to any person. Before the Board questions any other person about the applicant, the Board must advise the applicant about the identity of the persons to be questioned and the nature of the questions.

Under section 19(1) of the Act, the Board must consider a duly completed application as soon as reasonably practicable after receiving it.

The Board timeframe guide for processing this application is 20 working days.

1. Please post your application to:

The Registrar  
Optometrists and Dispensing Opticians Board  
PO Box 9644  
Wellington 6141  
New Zealand

2. If you have any questions, please contact the Board on:

Phone: (64 4) 474 0704  
Fax: (64 4) 474 0709  
Email: Annette.McCoy@odob.health.nz  
Website: www.odob.health.nz

or courier to:

Level 5  
22 Willeston Street  
Wellington 6011  
New Zealand

3. All attachments to this application form must be clearly marked with the following words:

“This is the attachment referred to in the Statutory Declaration of [name] declared at [location] this [ ] day of [ ] 201[ ]”.

## For office use

- Correct application fee paid
- Evidence of name change (*if applicable*)
- Application duly completed – including personal and contact details, training (qualification) information and statutory declaration.

\_\_\_\_\_  
**Registrar/Deputy Registrar signature**

**Date:**