

Section 4: 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/ Designation

solemnly and sincerely declare that:

- a. I have performed a minimum number of 20 completed procedures per annum for each procedure (i.e. Nd:YAG Capsulotomy and Nd:YAG Peripheral Iridotomy).
- b. I have maintained the required learnings and have included a reflective statement on my learnings this year.
- c. I remain at the same work environment with the same supervisory environment, OR I have provided details of a change to my supervisory environment above.
- d. I agree to notify the Board of any change to my employer or supervisory environment as soon as practical.
- e. I have provided the Board a case log to meet the on-going audit requirements.
- f. I understand that the any future permission to undertake laser surgery is contingent on meeting on-going auditing requirements and employment in a suitable supervisory environment.
- g. I have completed a Board approved laser safety course within the previous two years.
- h. All of the information provided with this application is true and correct in every particular and detail.
- i. I know of no reason that could cause the Optometrists and Dispensing Opticians Board not to be satisfied that I am a fit and competent person to undertake this training.

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 5: Laser Surgery Logbook and Continuing Competency Plan

Please attach the following:

- Laser Surgery Logbook
- Continuing Competency Plan

For office use:

- All questions completed
- All evidence attached
- Completed self-declaration

Registrar/Deputy Registrar signature

Date: