

Application for change of condition in scope of practice

Name:

Registration number:

Current address:

Postal address (if different from above):

Email address:

Current condition on scope of practice:

Change in condition requested:

Please attach the following:

- non-refundable fee of \$200.00;
- a current curriculum vitae; and
- verified transcripts and detailed evidence of professional development activities.

Your application will not be processed until the fee and all above evidence has been received.

Please post all documentation and the fee of \$200.00 to:

Education Facilitator
Nursing Council of New Zealand
Level 12, Mid City Tower, 139-143 Willis Street
PO Box 9644
WELLINGTON 6141

Please note this process is a separate process from applying for your *practising certificate*.