

# Application for a condition of non-clinical practice



Application made under Section 26 of the HPCA Act 2003  
GST number: 73-081-092

**Use this form if you are registered with the Board and wish to have the condition of non-clinical practice added to your practising certificate.**

If you hold a current practising certificate:

1. email this completed form to [mrt@medsci.co.nz](mailto:mrt@medsci.co.nz) and the Board will advise you of the next steps.

If you do not hold a current practising certificate:

1. email this completed form to [mrt@medsci.co.nz](mailto:mrt@medsci.co.nz)
2. apply and pay for your practising certificate through your online profile. Login to your online profile by going to [mrtboard.org.nz](http://mrtboard.org.nz) and clicking 'log in'. Then click 'Apply for APC'.
3. The Board will advise you of the next steps.

If you have any questions, please email the Board at [mrt@medsci.co.nz](mailto:mrt@medsci.co.nz)

The Board's [policy on non-clinical practice](#) is available at: [www.mrtboard.org.nz](http://www.mrtboard.org.nz)

Completed forms to be emailed to [mrt@medsci.co.nz](mailto:mrt@medsci.co.nz)

## PERSONAL DETAILS

---

**Name:**

**Registration Number:** 40-

**Email address:**

**Mobile:**

You must maintain up-to-date contact information with the Board. Please log into your profile on the Board's website to update your personal work or postal address.

## SCOPE OF PRACTICE

---

I am applying for a condition of non-clinical practice for the following scope(s) of practice:

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Imaging Technologist  | <input type="checkbox"/> Magnetic Resonance Imaging Technologist |
| <input type="checkbox"/> Nuclear Medicine Technologist | <input type="checkbox"/> Radiation Therapist                     |
| <input type="checkbox"/> Sonographer                   |  |

## DECLARATIONS

I declare that:	Yes/No
I understand a practitioner engaging in direct-patient-contact is deemed to be practising clinically and therefore <b>must</b> hold a <b>clinical</b> practising certificate.	
I understand if I wish to practice as an imaging and/or radiation therapy practitioner I will need to apply to have the non-clinical condition removed	
I understand non-clinical practice is medical imaging/radiation therapy related work that does <b>not</b> relate to the direct care of an individual patient.	

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_