



CERTIFICATE OF GOOD STANDING APPLICATION FORM

PLEASE ALLOW FIVE WORKING DAYS TO PROCESS YOUR CERTIFICATE OF GOOD STANDING

CONTACT DETAILS

Under the Health Practitioners Competence Assurance (HPCA) Act 2003, you are required to keep Te Poari Kaikorohiti o Aotearoa | Chiropractic Board (Board) up to date with your contact information.

Please complete the following sections.

Full name:	
Registration number:	00-0
Residential address:	
Postal address (if different):	
Mobile number	
Email address	
Work address:	Clinic name: Clinic address:
Work phone number:	
Where the certificate of good standing will be sent to: (You will be copied into the email)	Name: Organisation: Email address:

CERTIFICATE OF GOOD STANDING

I am aware the Board will provide the following information with the certificate of good standing:

- Name
- Date of birth
- Chiropractic qualification
- Registration number
- Registration and annual practising certificate status

Along with the above information, confirmation that I:

- am not the subject of any preliminary investigations or action that might lead to disciplinary proceedings under the Health Practitioners Competence Assurance Act 2003;
- am not the subject of any disciplinary proceedings under the Health Practitioners Competence Assurance Act 2003;
- have not had my registration cancelled or suspended as a result of disciplinary action in New Zealand;
- am not prohibited from practising chiropractic in New Zealand;
- am not subject to any special conditions as a result of criminal, civil, or disciplinary proceedings in New Zealand;
- do not have special conditions attached to my Annual Practising Certificate.

Applicant's signature: _____ **Date:** _____

PAYMENT DETAILS

Please ensure you complete the payment details and sign where indicated.

The cost of a certificate of good standing is \$50.00

Credit Card Payment:

Please debit my (tick one): Visa MasterCard Bankcard for \$50.00

Card Number:

Expiry Date: ____ / ____ (month/year)

Cardholder Name:

Cardholder Signature:

SEND TO

Please email your completed application to the Deputy Registrar: admin@chiropracticboard.org.nz