

## **CERTIFICATION OF STANDING AND EXPERIENCE**

To be completed by:

A registered Medical Laboratory Scientist or recent laboratory employer; **and** A person who has known you for one year or more and who is not related to you

I am providing this reference for \_\_\_\_\_\_ (name of applicant) who is applying for New Zealand registration as a practitioner under the Health Practitioners Competence Assurance Act 2003.

My Name		
My Position Title		
Email Address		
I certify the applicant	has worked in a medical laboratory for:	
үү/ММ		
How long and in what capacity have you known the applicant?		
What is your assessment of the applicant's professionalism, reliability, integrity and honesty?		
Are there any persona	l or professional issues the Medical Sciences Council of New Zealand sho	uld be aware of?
In your opinion is the a	applicant a fit and proper person to be registered? (If no, please explain ye	our reasons)

Do you have any further comments about the applicant's character?

## DECLARATION

I confirm that the above information is true to the best of my knowledge.

Signed

Date

## Use of Reference

The information and opinion you provided will be treated as confidential to the Medical Sciences Council of New Zealand. It will be used for the purpose of consideration of the suitability of the candidate to be registered under s.16 of the Health Practitioners Competence Assurance Act 2003.

## Privacy Act 1993

Any reference you provide may be made available to the candidate on request under the provisions of the Privacy Act 1993. Level 7, Perpetual Guardian

99 Customhouse Quay Wellington 6011 PO Box 11-905 Wellington, 6142 T: 64 4 801 6250 msc@medsci.co.nz www.mscouncil.org.nz