



CERTIFICATION OF STANDING AND EXPERIENCE

To be completed by:

A registered practitioner or recent 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 completed the following amount of time working in anaesthetic technology:

YY/MM

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 personal or professional issues the Medical Sciences Council of New Zealand should be aware of?

In your opinion is the applicant a fit and proper person to be registered? (If no, please explain your 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 2020

Any reference you provide may be made available to the candidate on request under the provisions of the Privacy Act 2020.