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:

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 1993

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