



Occupational Therapy Board of New Zealand

TE POARI WHAKAORA NGANGAHAU O AOTEAROA
FOSTERING FAITH AND CONFIDENCE IN THE PROFESSION

PO Box 9644
Marion Square
Wellington 6141, New Zealand
Phone: +64 4 918 4740
0800 99 77 55
GST No. 73-081-289

PAYMENT FORM

NAME:	REGISTRATION NO:
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Tick All Applicable Items

Fees include GST

<input checked="" type="checkbox"/>	SERVICES	FEE	AMOUNT
	Application for Registration – NZ trained	\$230.00	
	Application for Registration – under the Trans Tasman Mutual Recognition Agreement , includes evaluation of competence for a scope of practice	\$280.00	
	Application for Registration – Overseas Graduate , includes evaluation of competence for a scope of practice	\$1188.00	
	Re-application if name removed from Register	\$230.00	
	Evaluation of competence for a scope of practice – for applicants previously registered in New Zealand	\$86.25	
	Evaluation of competence for a scope of practice – for first time applicants	\$184.00	
	Application to remove conditions on scope of practice	\$59.00	
	Registration Competence Examination . Please discuss with the Board.	\$3,450.00	
	Application for a Practising Certificate (disciplinary levy included)	\$500.00	
	Application for a Practising Certificate that is valid for a limited period of up to 3 months (disciplinary levy included)	\$190.00	
	Annual Register Maintenance fee for non-practising occupational therapists	\$57.00	
	Supplying documents for the purpose of registration overseas / Certificate of Good Standing / Certificate of Verification of Registration	\$33.00	
	Returning or supplying documents	\$69.00	
	Supplying copy of register entries	\$172.50	
	TOTAL		\$

Payment Details

All fees must be paid in New Zealand dollars (NZ\$) by bank draft, New Zealand trading cheque or credit card. Your application cannot be processed if payment is received in a foreign currency.

CHEQUE OR BANK DRAFT

Enclosed is my cheque / bank draft for NZ\$ _____ made payable to the "Occupational Therapy Board of New Zealand"

CREDIT CARD: (tick one) Visa Mastercard

Card Number

Expiry Date _____ Amount (NZ\$) _____

Cardholder's Name _____

Cardholder's Signature _____

Address _____

FOR OFFICE USE ONLY		
Authorisation No. _____	Banked: _____	Initials: _____