

**Request to Retain Name on the Register: 2018/2019 Practising Year**

(includes payment of annual Register maintenance fee if applicable)

Please sign this declaration and email to: [enquiries@otboard.org.nz](mailto:enquiries@otboard.org.nz). Alternatively, post it to: Occupational Therapy Board of NZ, PO Box 9644, Marion Square, Wellington 6141, New Zealand

**Full Name** (Please print clearly):

**Registration No** (This can be found on the online register) : **50-0**

I declare that:

- 1. I wish to remain registered and **I wish to pay the annual Register maintenance fee of \$57.00** True
- 2. I wish to remain registered but **I do not wish to pay the annual Register maintenance fee of \$57.00** True
- 3. I am not practising as an occupational therapist in New Zealand True
- 4. I will keep the OTBNZ informed of my current contact details True
- 5. I understand that I must advise the OTBNZ within one month of any name change True
- 6. I will not to practise as an occupational therapist in New Zealand without a current practising certificate True

**Optional**

My reason for not requiring a practising certificate at this time is:

- Not employed as an OT     Extended leave     Retirement
- Practising overseas     Family responsibilities
- Other (please specify) \_\_\_\_\_

**Signature:** .....**Date:**...../...../2018

**Payment of Annual Register Maintenance Fee of \$57.00**

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

**Once payment is processed, your log-on access will be restored and you can print a receipt through your log-on site at [www.otboard.org.nz](http://www.otboard.org.nz)**

**CHEQUE OR BANK DRAFT**

Enclosed is my cheque / bank draft for NZ\$ 57.00 made payable to the "Occupational Therapy Board of New Zealand"

**CREDIT CARD:** (tick one)    Visa     Mastercard     BankCard

Card Number                        

Expiry Date \_\_\_\_\_    Amount (NZ\$) 57.00

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Address \_\_\_\_\_

**FOR OFFICE USE ONLY**

Authorisation No. \_\_\_\_\_    Banked: \_\_\_\_\_

Initials: \_\_\_\_\_

**Request for Removal of Name from the Register**

Please sign this declaration and return to: Occupational Therapy Board of NZ, PO Box 9644, Marion Square, Wellington 6141, New Zealand

**Full Name** (Please print):

**Registration No:**( This can be found on the online register) **:50-0**

I declare that:

- 1. I would like my name to be removed from the Register True
- 2. I understand that this means I cannot hold myself out to be a registered occupational therapist True
- 3. I understand that I cannot work as an occupational therapist in New Zealand, and my name will not appear on the public Register True
- 4. I understand that I may apply for restoration of my name to the Register at any time. My application will be subject to the registration policies and fees applicable at that time True

**Optional**

My reason for requesting removal of my name from the register is:

- Change of career                       Extended leave                       Retirement
- Moving overseas                       Family responsibilities
- Other (please specify) \_\_\_\_\_

**Signature:** .....**Date:**...../...../2018