

Request to Retain Name on the Register: 2019/2020 Practising Year

(includes payment of annual Register maintenance fee if applicable)

Please sign this declaration and email to: 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 am not practising as an occupational therapist in New Zealand True
- 3. I will keep the OTBNZ informed of my current contact details True
- 4. I understand that I must advise the OTBNZ within one month of any name change True
- 5. 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:**...../...../2019

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

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 email to: 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):

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:**...../...../2019