



# Occupational Therapy Board of New Zealand

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

PO Box 9644  
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Phone: +64 4 918 4740  
0800 99 77 55  
GST No. 73-081-289

## PAYMENT FORM

<b>NAME:</b>	<b>REGISTRATION NO:</b>
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*Tick All Applicable Items*

*Fees include GST*

<input checked="" type="checkbox"/>	SERVICES	FEE	AMOUNT
	Application for Registration – <b>NZ trained</b>	\$230.00	
	Application for Registration – under the <b>Trans Tasman Mutual Recognition Agreement</b> , includes evaluation of competence for a scope of practice	\$280.00	
	Application for Registration – <b>Overseas Graduate</b> , includes evaluation of competence for a scope of practice	\$1188.00	
	<b>Re-application</b> 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	
	<b>Registration Competence Examination</b> . 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	
	<b>TOTAL</b>		\$

## Payment Details

*All payments must be paid in New Zealand dollars (NZ\$) by a New Zealand credit card. Your application cannot be processed if payment is received in a foreign currency. We can take credit card payments over the phone by ringing 0800 99 77 55 or complete this section below.*

**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: _____