

Application for Completion of Recertification Programme: Introduction and Orientation for Practice in Aotearoa New Zealand

Practitioner to complete this application form and return it to the OTBNZ via email: enquiries@otboard.org.nz

PRACTITIONER DETAILS:

Name: Registration number: 50-

Practising certificate expiry date: Contact number:

Address: Email:

Name of current employer:

Role/title/position:

Employment start date:

Recertification programme currently applying (*circle one*):

1. Recertification Programme: Induction and Orientation – new graduate
2. Recertification Programme: Induction and Orientation – all other programmes

Current supervision methods:

- Regular face-to-face meetings Teleconference/Zoom
 Electronic communication On-site supervision Combination

SUPERVISOR DETAILS:

Name:

Registration number: 50-0

Practising certificate expiry date:

Best contact number:

Email:

Supervision start date:

Practitioner to read and complete:

- **I declare that the information provided with this application is true and accurate in all respects:**
- **I confirm that my ePortfolio is up to date and has been discussed with my supervisor:**
- **I confirm that payment of the \$59.00 fee has been made via my OTBNZ account:**
- **I confirm that I have completed and attached to this application all the documents named below:**

- Supervisor's report
- Supervision log
- Certificate of completion for Te Rito bicultural competency online course or formal Te Tiriti/Treaty training
- Additional information (*optional or if specifically required*)

Signed (Practitioner): _____ **Date:** _____

Supervisors Report Completion of Recertification Programme

Supervisors to complete this section and return to the practitioner for submission

1. I confirm that the supervision log is a true account of our supervision sessions:
Yes / No
2. I confirm that supervision has included discussions on the five competencies for registration and continuing practice:
Yes / No
3. I confirm that supervision has included discussions on the code of ethics:
Yes / No
4. I confirm that supervision has included orientation to the health system, funding models , legislation and ACC:
Yes / No
5. I confirm that the supervisee has completed the Te Rito on-line bicultural training course and we have discussed its application to practice:
Yes / No
6. I confirm that supervision has included discussions and assistance for the completion of ePortfolio:
Yes / No
7. I confirm that I have made required statements in ePortfolio to confirm the supervisee has self-assessments and is engaged in the process:
Yes / No
8. I believe the supervisee can practice competently without the level of supervision required by the recertification programme:
Yes / No
9. I recommend removal of the recertification programme:
Yes / No

If you have answered NO to any of the statements above, provide details in relation to this below in the comments section.

Supervisor comments:

Practitioner comments (optional):

Signed:

Supervisor:

Date:

Practitioner:

Date:
