

APPLICATION FOR PROVISIONAL MEMBERSHIP & CLINICAL CERTIFICATION (CCC)

This application form has seven parts:

- 1) Personal information
- 2) Clinical certification period and supervision
- 3) Supporting documentation
- 4) Application, membership and examination fees
- 5) Nomination for provisional NZAS membership
- 6) NZAS Code of Ethics Agreement
- 7) Provisional Membership Application Checklist

Please ensure you complete sections 1) through 6) in full to enable us to promptly process your application. Please make use of the checklist provided in section 7) to ensure you have everything complete to send with your application form.

Please note this application is for Provisional Membership status only. You must obtain an NZAS CCC (Certificate of Clinical Competency) to be entitled to apply for full membership status. You have a maximum of three (3) years in which to complete your CCC.

You will find further information regarding the CCC on the NZAS website (www.audiology.org.nz).

1) PERSONAL INFORMATION

APPLICANT'S FULL NAME: _____

WORK PLACE: _____

WORKPLACE ADDRESS: _____

WORKPLACE PHONE: _____ MOBILE: _____

EMAIL (work): _____ (home): _____

NZAS communicates with members via email, it is vital that you inform us of any email address changes.

Please list your qualifications (relevant to audiology).

Degree or Diploma	University	Date

Date Course Requirements Completed (must precede clinical certification start date): _____

Please briefly describe any relevant work experience: _____

2) CLINICAL CERTIFICATION PERIOD & SUPERVISION

Hours you will work each week (not normally more than 40): _____

Minimum length of the clinical certification period (use the table below): _____

(does not apply if you are an overseas applicant **and** hold a CCC or equivalent)

Hours Worked Each Week	Minimum Length of CCC
30 or more hours	11 months
25 – 29 hours	14 months
20 – 24 hours	17 months
15 – 19 hours	22 months

Supervision: You are required to be supervised throughout your CCC by a full member of the NZAS. Your supervisor should be familiar with the CCC requirements. The NZAS expects that your supervisor will be your first port of call if you have any queries throughout your CCC although it is up to you to drive the process. Please have your supervisor access the NZAS website for further information on the CCC process. Please have your supervisor read and sign the supervisor’s declaration below.

Supervisor’s Declaration:

I, _____, hereby agree to provide _____ with, and accept responsibility for, supervision during her/his CCC period. I acknowledge that I have read and am familiar with the current CCC requirements, including the level of supervision (direct and indirect) required and will assist and mentor _____ to the best of my abilities whilst he/she is under my supervision. I understand it is my responsibility to ensure the candidate is exam ready prior to signing that they have completed the supervision requirements of the CCC period and prior to recommending him/her for clinical examination.

Supervisor’s Signature: _____ Date: _____

Information sharing: At times the NZAS may need to share information regarding your CCC with your CCC supervisor. Please sign below if you agree to NZAS sharing information relevant to your CCC with your CCC supervisor:

Applicant’s signature of approval: _____

3) **SUPPORTING DOCUMENTATION**

a) **New Zealand Master of Audiology Candidates:**

Please have your Audiology Programme Head of Department sign the statement below as proof you have completed your course. Please note you are not able to submit your application for Provisional Membership until you have completed **all** course requirements.

I confirm that _____ has completed all course requirements (including handing in of the thesis) for the Auckland/Canterbury Master of Audiology Programme.

Signed: _____

Name: _____

Date: _____

b) **Overseas Qualified Candidates:**

Please supply certified copies of the following documents:

- i) NZQA Assessment Report.
- ii) Copy of your audiology qualification.
- iii) All course transcripts and descriptions.
- iv) Evidence of clinical hours completed during audiology course.
- v) Copy of your CCC (or equivalent) if held.

c) **All Candidates:**

Occasionally we may need to discuss your NZQA report with NZQA and we require your permission to do this. This could allow your application to be processed in a shorter time, therefore we would appreciate it if you could sign the permission statement below:

I give NZQA permission to discuss my details and application with the New Zealand Audiological Society.

Candidate's Signature: _____ Date: _____

4) **APPLICATION, MEMBERSHIP & EXAMINATION FEES**

a) Application Fee: The current application fee is \$225.00 which must be paid prior to your application being processed. You can make payment via online banking. The NZAS account number is 02 0280 0149095 00. Please use your name as the reference. On receipt of the application and the fee the NZAS Executive Officer will send you an invoice and receipt via email. Please note this application fee is non-refundable.

Please indicate which method you have used to pay your application fee:

- Online banking
- Cheque made out to New Zealand Audiological Society attached to this application

b) Provisional Membership Fee: Should your application for Provisional Membership be accepted, you will be invoiced Provisional Membership fees. This fee is currently \$450.00 per annum. The fee will be adjusted to reflect the number of months left in the NZAS financial year (ends 31st December).

- Please note that there may be additional costs associated with completing the supervision requirements of the CCC, in particular attending secondments outside of your usual workplace. It is up to the seconding centre to determine costs and you must discuss this with them directly.

c) CCC Examination Fee: The current fee associated with sitting your CCC examination is \$2000.00. You will be sent an invoice for the examination fee at the time your examination date is set. You must pay this fee prior to the examination date or your examination will not proceed. Should you be required to resit the CCC exam, or part thereof, a resit fee of no more than \$2000.00 will apply.

5) **NOMINATION FOR PROVISIONAL MEMBERSHIP**

Provisional member applicants must be proposed by at least two Full Members of the NZAS who shall have personal knowledge of the candidate and who shall be prepared to furnish information as to the candidate's qualifications, as per the NZAS Constitution (Section 3: Membership (b)). Please have the Full Members who support your application as described above sign below.

Nominated by: _____ (signature) _____ (print name)

Seconded by: _____ (signature) _____ (print name)

Applicant's signature: _____ Date: _____

6) NZAS CODE OF ETHICS AGREEMENT

I, _____ (please print full name)

of _____ (please print home address)

agree to the following terms:

- i) I agree to abide by the NZAS Code of Ethics.
- ii) I acknowledge that the NZAS may take disciplinary action against me if I breach the Code of Ethics. I understand that the NZAS is required to implement a complaints handling procedure in accordance with the principles of natural justice in the event of an allegation against me.
- iii) I acknowledge that disciplinary action against me for a proven or established breach may include revocation of my membership to the NZAS depending on the seriousness of the breach.

Signature: _____

Date: _____

7) PROVISIONAL MEMBERSHIP APPLICATION CHECKLIST

Please use this checklist to ensure you have completed all of the parts required in the application form and have the appropriate supporting documentation ready to send with your application, as well as your non-refundable application fee of \$225.00.

- Personal details completed.
- Length of CCC period determined.
- Supervisor's Declaration signed by supervisor.
- Information sharing approval signed by you.

Supporting documentation copied:

a) NZ-trained candidates

- Audiology programme Head of Department statement signed.

b) Overseas qualified candidates

- NZQA Assessment Report
- Copy of your audiology qualification
- All course transcripts and descriptions
- Evidence of clinical hours completed during your audiology course
- Copy of your CCC (or equivalent) if held

- Application fee ready to send or paid via internet banking (use your name as reference)
- Nomination for provisional membership signed by two full members of NZAS
- Your signature agreeing to the nomination.
- Code of Ethics and Constitution statement signed by you.

If you have completed all the relevant parts listed above, your application should be ready to send. Please scan and email to the NZAS Executive Officer on mail@audiology.org.nz and post the hard copies to NZAS, PO Box 9724, Newmarket, Auckland 1149.