

# Application for NZAS Provisional Membership – Overseas Applicant – PART ONE

Thank you for applying for provisional membership of the NZAS as an overseas applicant.

This application comes in two parts.

**Part One:** This part can be submitted before you have an employer and supervisor in New Zealand. If your application is accepted, you will be provided with confirmation that you are eligible for provisional audiologist membership of the NZAS, subject to successful submission of Part Two. Please ensure you complete all sections in full to enable us to promptly process your application. We aim to do this within four weeks. Failure to complete all information may result in delays of the processing of this application.

**Part Two:** This part can be submitted after you have an employer and supervisor in New Zealand.

**It is possible to submit both Part One and Part Two at the same time. A maximum of one year may elapse between submission of Part One and Part Two.**

Please complete everything from the checklists provided when you submit your application.

## **PART ONE**

1. Country of Qualification and English language Requirement
2. Personal information
3. NZAS Code of Ethics Agreement
4. Supporting documentation
5. Application, membership and examination fees
6. Provisional Membership Application Checklist – Part One

## **PART TWO**

7. Clinical certification period and supervision
8. Nomination for provisional NZAS membership
9. Supervision Plan
10. Provisional Membership Application Checklist – Part Two

Please note this application is for Provisional Membership status only. You must obtain an NZAS CCC (Certificate of Clinical Competence) to be entitled to apply for full membership status.

You will find further information regarding the CCC on the NZAS website ([www.audiology.org.nz](http://www.audiology.org.nz)).

## 1) COUNTRY OF QUALIFICATION AND ENGLISH LANGUAGE REQUIREMENT

### Country for Audiology Qualification

My audiology qualification was obtained in the following country:

- US, Canada or Australia
- Country other than those stated above

### English Language Requirement

Is English your first language? YES / NO

Was your audiology qualification taught in English? YES / NO

**If you answered 'No' to either of the questions above, then you must provide proof of English proficiency by submitting IELTS score\*.**

*\* English language requirement – candidates must be able to communicate in and understand English for the purpose of practising audiology. To prove this, candidates must successfully complete an International English Language Testing System (IELTS) Academic Test with a score of no less than 7.5 in Speaking, 7.5 in Listening, 7.0 in Writing and 7.0 in Reading and an average score of 7.5 or higher before applying for membership. This does not need to be achieved in a single sitting of the IELTS test but can be gained over a succession of tests. The required score for each test component must be less than two years old at the time the application to NZAS is submitted. You can take the test in your country of residence.*

**2) PERSONAL INFORMATION**

Full name: \_\_\_\_\_

Workplace: \_\_\_\_\_

Work address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email (work): \_\_\_\_\_ (home): \_\_\_\_\_

*NOTE: as the NZAS communicates with members via email, it is vital that you update your contact email address on the NZAS website should it change.*

Please list your qualifications (relevant to audiology).

| Degree or Diploma | University | Country of Origin | Dates studied |
|-------------------|------------|-------------------|---------------|
|                   |            |                   |               |
|                   |            |                   |               |
|                   |            |                   |               |

Date Course Requirements Completed: \_\_\_\_\_  
*(must precede clinical certification start date)*

Do you have a currently valid Certificate of Clinical Competence or licence to practise Audiology?

**YES / NO**

If so, from which country and organisation? \_\_\_\_\_

Please briefly describe any relevant work experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3) 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 (located on the NZAS website).
- 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.
- iv) I understand that if I am the subject of a complaint my supervisor will be informed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Please also answer the following:

1) Are you currently/have you been a member of an audiological professional organisation (e.g. AAA, BAA, ASHA, ASA, ANZAI)?

**YES/NO**

If so which organisation/s and approximate dates of membership?

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2) Have you ever been the subject of a complaint to any audiological professional body or general health regulatory body?

**YES/NO**

If so, to whom was complaint made and when?

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What were the grounds stated within the complaint?

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Please give details of outcome (e.g. complaint was dismissed or upheld) and any censure actions taken against you (e.g. suspension, financial penalty or membership struck off).

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*Please note that NZAS may approach universities, past employers and other audiological agencies when deciding upon membership applications.*

#### 4) SUPPORTING DOCUMENTATION

Please supply certified copies of the following documents:

1. NZQA or DoubleCheck Assessment Report
2. **Certified** copy of your audiology qualification
3. All course transcripts and descriptions (unless your Audiology degree is from Australia, Canada or the US).
4. Evidence of clinical hours completed during audiology course (unless your Audiology degree is from Australia, Canada or the US).
5. **Certified** copy of your current CCC (or equivalent) if held

Occasionally we may need to discuss your Assessment report with NZQA or DoubleCheck 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/DoubleCheck permission to discuss my details and application with the New Zealand Audiological Society.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 5) APPLICATION, MEMBERSHIP & EXAMINATION FEES

### Application fee

The current application fee is \$215.00 incl GST for Part One, and a further \$110.00 incl GST for Part Two, 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 full name as the reference. On receipt of the application and the fee the NZAS Administration team will send you an invoice and receipt via email. Please note this application fee is non-refundable.

Please use your full name as a reference and also indicate the date and method used to pay your application fee below:

**Online banking** \_\_\_\_\_ (date paid)

**Please invoice my employer** \_\_\_\_\_ (company name)

### Future Fees

Becoming a provisional member of the NZAS will lead to fees required for the provisional membership and those for the CCC examination. Information about these fees is noted below. The application fee is only to enable us to process your application.

### Provisional Membership Fee

Should your application for Provisional Membership be accepted, you will be invoiced Provisional Membership fees. This fee is currently \$667.39 incl GST per annum. The fee will be adjusted on a quarterly basis to reflect the number of months left in the NZAS financial year (ends 31<sup>st</sup> December).

### CCC Examination Fee:

The current fee associated with sitting your CCC examination is \$1,477.75 incl GST. An additional \$535.90 (GST included) is charged for your modules and chart review which is payable in conjunction with your provisional membership fee. The OSCE fee will be invoiced to you when you apply to sit OSCE. You must pay this fee prior to the examination date or your examination will not proceed. Should you be required to re-sit the CCC exam, or part thereof, a resit fee of no more than \$1,477.75 incl GST will apply.

## 6) PROVISIONAL MEMBERSHIP APPLICATION CHECKLIST – PART ONE

Please use this checklist to ensure you have completed all of the requirements for Part One of the application form and have the appropriate supporting documentation ready to send with your application, as well as your non-refundable application fee of \$215.00 incl GST.

- Personal details completed.
- IELTS evidence, if applicable
- Signed Code of Ethics and Constitution statement
- NZQA/DoubleCheck Assessment Report
- Certified copy of your audiology qualification
- Certified copies of all course transcripts and descriptions, if applicable
- Evidence of clinical hours completed during your audiology course, if applicable
- Certified copy of your CCC (or equivalent) if held
- Application fee ready to send or paid via internet banking (use your name as reference)

If you have completed all the relevant parts listed above, your application should be ready to send.

Please scan and email to the NZAS Administration team on [admin@audiology.org.nz](mailto:admin@audiology.org.nz) AND post the hard copies to NZAS, PO Box 36-067, Northcote, Auckland 0748.

## Application for NZAS Provisional Membership – Overseas Applicant – PART TWO

### 7) CLINICAL CERTIFICATION PERIOD & 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 programme and OSC Examination with your CCC supervisor and support person. Please sign below if you agree to NZAS sharing such information with your CCC supervisor and support person.

Applicant's signature of approval:

\_\_\_\_\_



## 8) 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: \_\_\_\_\_

## 9) SUPERVISION PLAN TEMPLATE

A plan for supervision is required to be written between the Supervisor and the Provisional Audiologist.  
An example template is below.

|  |  |
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| <b>Name of Provisional Audiologist</b>   |  |
| <b>Contact details</b><br><b>Phone/Mobile:</b><br><b>Email:</b>  |  |
| <b>Best method of contact</b>  |  |
| <b>Name of MNZAS Supervisor</b>  |  |
| <b>Contact details</b><br><b>Phone/Mobile:</b><br><b>Email:</b>  |  |
| <b>Best method of contact</b>  |  |
| <b>Frequency of direct observation</b><br>e.g. Direct Observation 3 hours a week on Tues and Thurs 8.30am-12.30pm.   |  |
| <b>Indirect observation and 1-1 sessions plan</b><br>e.g. Daily meetings at 4.30pm, in person or by phone. Email GP letters to supervisor daily. Case discussions weekly on Fridays.   |  |
| <b>Online Tele-supervision plan</b><br>e.g. OTS 3 hours a fortnight, every second Monday 1.00pm-4.00pm using Teams. Second monitor to run Otosuite with screen-sharing. Mobile phone available if audio is unclear. Reschedule complex patients in case of total failure of connection |  |

|   |  |
|---|--|
| <p><b>Plan for file review</b><br/>e.g. In person during 1-1 sessions, all files in supervisor tray for sign-off at each step.</p>  |  |
| <p><b>Additional support procedure</b><br/>e.g. Include day to day support; direct supervision; liaison with employer and/or NZAS; identifying or requiring additional training opportunities; plan for unplanned supervisor absences</p> |  |

Date: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_

## 10) PROVISIONAL MEMBERSHIP APPLICATION CHECKLIST – PART TWO

Please use this checklist to ensure you have completed all the requirements for Part 2 of the application form as well as your non-refundable application fee of \$110.00 incl GST.

- Supervisor's Declaration signed by supervisor.
- Information sharing approval signed by you.
- Nomination for provisional membership signed by two full members of NZAS
- Completed Supervision Plan
- Your signature agreeing to the nomination.

If you have completed all the relevant parts listed above, part 2 of your application should be ready to send.

Please scan and email to the NZAS Administration team on [admin@audiology.org.nz](mailto:admin@audiology.org.nz).

### EMPLOYMENT DETAILS

Start date of employment in NZ: \_\_\_\_\_

Clinic / Workplace: \_\_\_\_\_

**NZ** contact details including mobile, home address, work and private email addresses (if available):

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