

Application for NZAS Provisional Membership – Audiometrist – PART ONE

Thank you for applying for provisional audiometrist membership of the NZAS.

This application comes in two parts.

Part One: If you are an overseas applicant 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 audiometrist 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 audiometrist membership
9. Supervision Plan
10. Provisional Membership Application Checklist – Part Two

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

You have a minimum of two and a maximum of three years in which to complete your Provisional Audiometrist competency tasks, unless prior experience has been accepted in lieu of all or some of this time.

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

1) COUNTRY OF QUALIFICATION AND ENGLISH LANGUAGE REQUIREMENT

Country for Audiometry/Audiology Qualification

My audiometry/audiology qualification was obtained in the following country:

English Language Requirement

Is English your first language? YES / NO

Was your audiometry/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: _____

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

YES / NO

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

Please attach a letter from the Regulatory/Professional Body stating that you are or were a member of good standing.

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

YES / NO

If so, from which country and organisation? _____

3) Did you have greater than 2 years post-qualification supervision experience during your time as a member of the professional body/regulatory authority?

YES / NO

If Yes, please submit evidence of this along with your application. This may include a log book/letter from the supervising clinician/employer confirming the details of your supervised practice.

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.

Signature: _____

Date: _____

Please also answer the following:

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?

What were the grounds stated within the complaint?

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).

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. Your audiometry/audiology qualification
2. All course transcripts and descriptions
3. Evidence of clinical hours completed during audiology/audiometry course
4. 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 \$325.00 incl GST which must be paid prior to your application being processed. **If you are submitting PART 1 only, the fee is \$215 incl GST, with the balance of \$110 incl GST payable when you submit PART 2.** 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 also indicate the date and which method you have used to pay your application fee below:

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

Date Paid: ____/____/____

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 31st December).

CCC Examination Fee:

The current fees associated with achieving your CCC are detailed below:

	<u>Incl. GST</u>
Professional Practice Module + Chart Review	\$ 322.00
Audiometrist Bridging course (online, required for those without a BAud)	\$ 431.25
OSCE examination (payable when you apply to sit OSCE)	\$1,477.75

The Professional Practice Module + Chart Review fee is to be paid at the beginning of your provisional membership. 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 \$210.00 incl GST.

- Personal details completed.
- IELTS evidence, if applicable
- Letter of good standing from regulatory/professional body, if applicable.
- Evidence of >2 years post-qualification supervision, if applicable
- Signed Code of Ethics and Constitution statement
- NZQA/DoubleCheck Qualification Assessment Report
- Certified copy of your audiology qualification
- Certified copies of all course transcripts and descriptions
- Certified copy of evidence of clinical hours completed during your audiology course
- 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 AND post the hard copies to NZAS, PO Box 36-067, Northcote, Auckland 0748.

Application for NZAS Provisional Membership – Audiometrist – 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

Name of provisional audiometrist	
Contact details	
Best method of contact	
Name of MNZAS Audiologist supervisor	
Contact details	
Best method of contact	
Method to review clinical files <i>e.g. remote access log in; secure email</i>	
Direct Supervision: Minimum of 3 hours/week (face to face only): <i>Provide details of how regular direct supervision is to be achieved and how direct supervision will be maintained during absences of supervisor</i>	
Indirect Supervision: Supervisor is on site and available for consultation <i>Provide details of how indirect supervision is to be achieved. NOTE: indirect supervision is required 5 days/week FTE for the duration of the supervision period, through a combination of onsite and OTS. For the first 12 months FTE onsite is required minimum of 2 days/week. After 12 months FTE, minimum 2 days/fortnight must be on-site. After 18 months FTE, minimum 1 day/fortnight must be onsite. All other times must be covered through offsite OTS consultation availability. Refer to Requirements.</i>	
Indirect Supervision: Supervisor is off-site and available for online tele-supervision (OTS) consultation <i>Provide details of how indirect supervision is to be achieved via OTS. NOTE: indirect supervision is required 5 days/week FTE for the duration of the supervision period, through a combination of onsite and OTS. For the first 12 months FTE OTS is a maximum of 3 days/week. After 12 months FTE, maximum 8 days/fortnight can be OTS. After 18 months FTE, maximum 9</i>	

<p><i>days/fortnight can be OTS. All other times must be covered through onsite direct and indirect supervision. Refer to Requirements.</i></p>	
<p>Remote Indirect Supervision: if eligible for remote indirect supervision (only after 12/12 FTE) <i>Provide details of how remote indirect supervision will be achieved. Supervisor must be available remotely at all times</i></p>	
<p>Indirect Supervision: Meetings: Minimum of 3 hours/quarter <i>How will you ensure that indirect supervision includes at least 3 hours per quarter of support meetings involving you and your approved supervisor? This is not an additional time requirement but should be achieved within the indirect supervision requirements (and may be remote after 12/12 FTE).</i></p>	
<p>Online Tele-supervision plan: <i>How will you ensure OTS meets requirements for visibility and communication? e.g. OTS 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.</i></p>	
<p>Standing agenda items for Supervision sessions <i>e.g.</i> <ol style="list-style-type: none"> 1. Action points from last meeting 2. Discussion – clinical file review 3. Case discussion – one file in depth 4. Discussion of any clients referred 5. Learning or development areas 6. Action points arising 7. Other business arising <i>Supply clinical files or access to clinical files which includes at least three interesting cases managed by the audiometrist and all cases referred to another health professional one week prior to the session</i></p>	
<p>Written record <i>e.g. Audiometrist will keep a record and then email to the audiologist who will sign and scan and email back</i> <i>Format: column for agenda items, column for discussion points; column for action points. Discussion points will be brief identifying the area of discussion and will not identify patient details. Heading as case 1, case 2 etc.</i></p>	

Additional Support procedure

e.g. Include day to day support; direct supervision; liaison with employer and/or NZAS; contact with peer reviewer; identifying or requiring additional training opportunities; plan for illness.

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.

- Supervisor’s Declaration signed by supervisor.
- Information sharing approval signed by you.
- Nomination for provisional membership signed by two full members of NZAS
- Your signature agreeing to the nomination.
- Completed Supervision Plan
- 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, part 2 of your application should be ready to send. Please scan and email to the NZAS Administration team on 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):
