



**Application for
NZAS Provisional Membership
NZ-trained Audiologist**

November 2023

NZ Graduate

Please ensure you complete Sections 1-9 in full to enable us to promptly process your application. Failure to complete all information may result in delays of the processing of this application.

Please include everything from the checklist provided when you submit your application form.

Sections:

1. Personal Information
2. Academic and Clinical Qualifications
3. Supporting Documentation
4. Code of Ethics and Conduct Declarations
5. Background and Verification Checks
6. Clinical Supervision and Supervision Plan
7. Application and Membership Fees
8. Nomination for Provisional NZAS membership
9. Employment Details

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

You will find further information regarding Audiologist membership requirements and the CCC process on the NZAS website (www.audiology.org.nz).

PERSONAL INFORMATION

Full name: _____

*Note: A **certified¹ copy of your proof of identity** is required (ie. passport, drivers licence, or birth certificate are all accepted as proof of identity). If your name has changed from the **name of any of your supporting documentation** (either through marriage or some other event), please attach a certified¹ copy of the official document registering your change in name.*

Personal Address: _____

Current Workplace: _____

Current Work address: _____

Current Work phone: _____ Mobile: _____

Email (work): _____ (personal): _____

Preferred email: Work / Private (delete one)

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. The NZAS recommends that your personal email be used as your primary contact.

If you are not currently employed, please indicate by writing “none”

¹ When a certified copy of a document is required, the document must be a photocopy of the original document which has then been stamped or endorsed by a person who confirms that the copy is a true copy of the original document. The person certifying your documents (the “certifying officer”) must be authorised by the law where you live to administer an oath for a judicial proceeding (refer to Appendix 1 of the Provisional Member Application Handbook).

ACADEMIC AND CLINICAL QUALIFICATIONS

Please list your qualifications (relevant to audiology).

Degree or Diploma	University	Country of Origin	Dates studied

Date Course Requirements Completed for Master of Audiology: _____

(must precede clinical certification start date)

Please briefly describe any relevant work experience:

SUPPORTING DOCUMENTATION

Please tick one of the following, which applies to you:

- Degree not yet conferred, but all course requirements have been completed

As per Clause 8a.i of the NZAS constitution you may apply for Provisional Audiologist Membership with a signed statement (see below) by the Audiology Programme Head of Department as proof you have completed **all** your course requirements including submitting your thesis. **Please note you must immediately inform the NZAS of your final marks, as detailed below in Clauses 9 and 10 of the NZAS constitution. Evidence of attaining your Master of Audiology (a certified copy of your degree) is required before you will be able to sit the OSCE exam.**

NZAS Constitution

9. A person who becomes a Provisional Audiologist under paragraph 8a.i must provide evidence to the Society that they have attained their Master's Degree in Audiology immediately upon receiving their results and confirmation that they have attained their Master's Degree in Audiology.

10. If a Provisional Audiologist under paragraph 8a.i fails to attain their Master's Degree in Audiology, they must immediately inform the Society, and their Provisional Audiologist membership of the Society will be immediately ended.

For Audiology Programme Head of Department

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

Signed: _____ Name: _____

Email: _____ Date: _____

OR:

- Degree conferred

Submit a **certified copy of your New Zealand Master of Audiology degree.**

CODE OF ETHICS AND CONDUCT DECLARATIONS

The applicant applying to be a NZAS Provisional member needs to acknowledge each statement below and indicate agreement in the check box.

I, _____ (please print full name)

of _____ (please print address)

	Yes
I authorise NZAS to obtain information and disclose information from regulatory bodies, professional bodies, educational institutes, present and former employers, qualification verification services for the purposes related to my registration and qualifications	
I certify that the statements made by me in this form are complete and correct	
I have read and understand the Member Policies relevant to a Provisional Membership application (in the Provisional Member Application Handbook)	
If I am granted provisional membership of NZAS:	
<ul style="list-style-type: none"> I understand I must refer to myself as a 'Provisional Audiologist' and can not use the honorific 'MNZAS Audiologist' until I have successfully completed my CCCs and hold a current annual practicing certificate 	
<ul style="list-style-type: none"> I agree to abide by all standards to maintain membership including prompt payment of fees 	
<ul style="list-style-type: none"> I agree to abide by the NZAS Code of Ethics 	
<ul style="list-style-type: none"> I understand that NZAS is required to implement a complaints process if I am alleged to have breached the NZAS Code of Ethics 	
<ul style="list-style-type: none"> I agree to comply with the complaints process, and if a breach is proven or established, I agree to comply with the required disciplinary actions 	
<ul style="list-style-type: none"> I understand 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 	
<ul style="list-style-type: none"> I understand that if I am the subject of a complaint my supervisor will be informed. 	
I agree and understand that I must notify NZAS in writing of any change to my name, home address, telephone, e-mail	
I will advise NZAS in writing should I be charged or convicted of any criminal offence	
I understand that making a false or misleading statement or representation in respect to my application will be considered to be in breach of NZAS Code of Ethics and will be considered an act of professional misconduct and may lead to discipline and other proceedings	
I understand that NZAS will ensure that all personal information about me is stored in a secure password-protected database, and that only those who require this information for the purposes of their role for NZAS will be able to access this.	

Signature: _____ Email: _____ Date: _____

BACKGROUND AND VERIFICATION CHECKS

Have you ever been convicted of a criminal offence, or an offence related to the practice of audiology? **YES / NO**

Have you been the subject of a finding of professional misconduct, incompetence or incapacity by your university, professional/regulatory body or employer? **YES / NO**

Have you ever been disciplined or sanctioned, or are there any disciplinary proceedings pending against you before any university, professional/regulatory body or employer? **YES / NO**

If you answered yes to any of the above, please provide details. Include the nature of the offence; the date of the offence; the nature of any penalties or rehabilitation requirements imposed; and any other relevant factors you would like the NZAS to consider. NOTE: A criminal conviction, disciplinary action or sanction will not automatically preclude membership. The NZAS will consider all relevant factors.

Have you ever been the **subject of a complaint** to any university, professional/regulatory body or employer? **YES / NO**

If so, to whom was the complaint made and when?

What were the grounds stated within the complaint?

Please give details of the outcome of the complaint (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.

CLINICAL CERTIFICATION PERIOD & SUPERVISION

You are required to be supervised throughout your CCC by a MNZAS Audiologist. 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 their 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 they are 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 them for clinical examination.

I have completed the attached Supervision Plan with _____. I agree to undertake the supervision as planned, to advise the NZAS of any changes to the Plan and to ensure that the candidate submits supervision logs as required.

Supervisor's Signature: _____ Date: _____

Email: _____

Information sharing: At times the NZAS may need to share information regarding your CCC programme and OSCE 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: _____ Date: _____

Email: _____

SUPERVISION PLAN AND AGREEMENT

This agreement is made
between:

_____ and _____
(Supervisor) (Candidate)

We both:

- Agree to uphold the confidentiality of supervision, and as such the content of supervision will not be discussed outside the supervisory session unless agreed upon by both parties with the exception of unsafe, unethical or illegal practice
- Understand the goals of the supervision and expectations of each other as supervisor and supervisee
- Understand the importance of discussing the supervision plan (as below) prior to signing, for the purposes of having a supportive and facilitative approach to supervision

Name of Provisional Audiologist	
Provisional Audiologist contact details Phone/Mobile: Email:	
Best method of contact	
Name of MNZAS Supervisor	
Supervisor contact details Phone/Mobile: Email:	
Best method of contact	

<p>Method to review clinical files <i>e.g. remote access log in; secure email</i></p>	
<p>Goals of Supervision - what do you want to achieve (Consider learning needs, and discuss each other's expectations as supervisor and supervisee)</p>	
<p>Supervision content & processes - how will each party prepare for meetings, what sorts of issues should be brought to supervision meetings, what type of supervision will occur, discuss different methods pros/cons</p>	
<p>Direct Supervision (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></p>	
<p>Indirect Supervision: Supervisor is on site and available for consultation <i>Provide details of how indirect supervision is to be achieved during onsite supervision requirements – please refer to the handbook. e.g. Daily meetings at 4.30pm, in person or by phone. Email GP letters to supervisor daily.</i></p>	

<p>Indirect Supervision: Supervisor is off-site and available for online tele-supervision (OTS) consultation</p> <p><i>Provide details of how indirect supervision is to be achieved during any OTS supervision – please refer to the handbook for maximum allowable OTS.</i></p>	
<p>Online Tele-supervision plan:</p> <p><i>How will you ensure OTS meets requirements for visibility and communication in accordance with the Audiologist CCC Handbook? e.g. OTS using Teams. Second monitor to run Otosuite with screen-sharing. Mobile phone available if audio is unclear.</i></p>	
<p>Record Keeping - Who will be responsible for writing records? How regularly will notes be taken, how will feedback on direct supervision sessions be provided?</p>	
<p>Additional learning procedure, eg. Follow-up on actions from previous supervision; in-depth case review; expectations regarding learning and development</p>	

<p>Additional support procedure e.g. Include day to day support; liaison with employer and/or NZAS; identifying or requiring additional training opportunities; plan for unplanned supervisor absences</p>	
<p>Monitoring of effectiveness of supervision - how will you know if supervision is meeting its purpose and goals</p>	
<p>Boundaries - if you have a dual line management role & supervisor role discuss the boundaries within the supervision role</p>	
<p>Process for resolving conflict/tensions within supervisory relationship</p>	

Signed: _____ (Supervisor)

Signed: _____ (Provisional Member)

Date: _____

APPLICATION, MEMBERSHIP & EXAMINATION FEES

Application fee

The current [application fee](#) applies and 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 also indicate the date and which method you have 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. The application fee is only to enable us to process your application. See the NZAS website for the full [Fees List](#).

Provisional Membership Fee

Should your application for Provisional Membership be accepted, you will be invoiced Provisional Membership fees. 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 such as 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.

Chart, Module & OSCE Examination Fees

For details of the current fees for completing the Certificate of Clinical Competence see the [NZAS website](#).

The OSCE fee will be invoiced to you when you apply to sit OSCE. You must pay this fee before your place is confirmed. Should you be required to re-sit all or part of the OSCE CCC exam, a re-sit fee will be charged.

NOMINATION FOR PROVISIONAL MEMBERSHIP

Provisional member applicants must be proposed by at least two MNZAS members who have personal knowledge of the candidate and will be prepared to furnish information as to the candidate's qualifications, as per the NZAS constitution. Please have the MNZAS members who support your application sign below.

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

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

Applicant's signature: _____ Date: _____

EMPLOYMENT DETAILS

Start date of employment in NZ: _____

Clinic / Workplace: _____

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

PROVISIONAL AUDIOLOGIST MEMBERSHIP APPLICATION CHECKLIST

Please use this checklist to ensure you have completed all of the required parts 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 \$113.00 (GST inc.).

Note: When a certified copy of a document is required, the document must be a photocopy of the original document which has then been stamped or endorsed by a person who confirms that the copy is a true copy of the original document. The person certifying your documents (the “certifying officer”) must be authorised by the law where you live to administer an oath for a judicial proceeding (refer to Appendix 1 of the Provisional Member Application Handbook).

- Personal Details completed
- Proof of Identity and Proof of Name Change (if applicable)
- Audiology programme Head of Department statement signed OR Certified copy of Master of Audiology Qualification
- Read and signed Code of Ethics and Conduct Declarations
- Supervisor’s Declaration signed by supervisor.
- Information sharing approval signed by applicant.
- Completed Supervision Plan and Agreement
- Nomination for provisional membership signed by two MNZAS members
- Employment Details
- 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.