



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

November 2023

# Overseas-trained Audiologist

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

This application comes in two parts. For further information to assist your completion of this application, please refer to the Provisional Member Application Handbook.

**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. It would be our recommendation that everybody applies for Part One before arriving in New Zealand to ensure that their degree is recognised as equivalent to the New Zealand Master of Audiology degree.

Please ensure you complete all sections 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.

**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 include everything from the checklists provided when you submit your application.

If you have any questions, please contact [admin@audiology.org.nz](mailto:admin@audiology.org.nz) prior to proceeding.

## PART ONE

1. Country of Qualification
2. English Language Requirement
3. Personal Information
4. Academic and Clinical Qualifications
5. Qualification Equivalency (to be completed by applicants who did not obtain their Audiology qualification in Australia, Canada or the USA)
6. Professional Experience
7. Background and Verification Checks
8. Code of Ethics and Conduct Declarations
9. Application and Membership Fees
10. Provisional Membership Application Checklist – Part One

## **PART TWO**

11. Clinical Certification Period and Supervision
12. Supervision Plan
13. Nomination for Provisional NZAS Membership
14. Application, Membership and Examination Fees
15. Provisional Membership Application Checklist – Part Two

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](http://www.audiology.org.nz)).

# Application for Provisional Membership - Overseas-trained Audiologist

## PART 1

### COUNTRY OF QUALIFICATION

#### Country of Audiology Qualification

My audiology qualification was obtained in the following country:

- United States of America
- Canada
- Australia
- Country other than those stated above: \_\_\_\_\_

### ENGLISH LANGUAGE REQUIREMENTS

If you completed your audiology qualification in a country other than Australia, Canada or the USA, you need to provide one of the following forms of evidence of your ability to communicate and understand English (please tick the one that applies to you and provide the required evidence):

- International English Language Testing System (IELTS) Academic** with a score greater than or equal to 7.5 in Speaking, 7.5 in Listening, 7.0 in Writing, 7.0 in Reading and an average score of 7.5 or higher.
- TOEFL (iBT)** with a score greater than or equal to 26 in Speaking, 26 in Listening, 24 in Writing and 22 in Reading
- Completion of an Accredited Audiology qualification where the medium of instruction was English\*, have a current CCC/Practicing Licence from AND have practiced in** Australia, Canada, Republic of Ireland, United Kingdom, or United States of America.

\*If your institution is in a non-English speaking country you will need to submit a letter on official letterhead from the Academic Registrar or a suitable delegate confirming that your degree was entirely taught and assessed in English (applies to both the awarding institution and the institution you studied at, if different).

**Note:** Applicants may combine the results of more than one attempt for each English language test to achieve the results required; however, the standard must be achieved within 12 months of sitting the first test and results from IELTS and TOEFL cannot be combined. Test results must be no older than 24 months when submitted. You can take the test in your country of residence.

## PERSONAL INFORMATION

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

*Note: A **certified<sup>1</sup> 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 certified<sup>1</sup> 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”*

\_\_\_\_\_

<sup>1</sup> 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). Please attach a **certified copy of your audiology qualification(s)** and **academic transcripts**.

Degree or Diploma	University	Country of Origin	Dates studied

All applications must also have their qualifications verified by Double Check.

A New Zealand Qualifications Authority (NZQA) Assessment report may be required to confirm the qualification level of your degree. A list of degrees that have been previously assessed by NZQA is available on the NZAS website. If your degree is listed, only a Double Check assessment is required. Please indicate which applies for you and provide the appropriate evidence of this having been completed:

- New Zealand Qualifications Authority (NZQA) **and** DoubleCheck NZ
- DoubleCheck NZ (because qualification is listed on NZAS website as being previously assessed)

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. Such information will be regarded as confidential, with storage and use only in accordance with the Privacy Act 2020.

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

## QUALIFICATION EQUIVALENCY

This section is to be completed by applicants who did not obtain their Audiology qualification in Australia, Canada or the USA

To practice as an Audiologist in New Zealand you must be able to demonstrate how your audiology education and credentials are at a minimum a master’s level qualification deemed to be equivalent to the New Zealand NZAS-endorsed Master of Audiology (MAud) degree.

### 1. Coursework

You are required to map your own coursework. All mapping will be verified by the Overseas Candidate Review Panel (OCRP) so you must **provide a course handbook** (or equivalent) that gives a detailed description of your programme of study and clinical practice. The course descriptions should include:

1. Course content, objectives and required reading
2. Total number of taught hours
3. Course format and method of assessment

Please list all the courses (number and name) which address the topic. For example, if “Sound Transduction Processes” are taught in two courses, please list both course numbers and course names in the row for “sound transduction processes”. “Total lecture / tutorial hours” refers to the number of hours of instruction in a course.

	Course Number(s)	Course Name(s)	Total lecture/ tutorial hours	Page Number in Course Handbook
<b>Auditory Neuroscience (Hearing Science)</b>				
Physiology of nerves/excitable tissues				
Anatomy and Physiology of the ear				
Organisation/Development of the Nervous System				

Speech & Hearing				
Sound Transduction Processes				
Balance and Vestibular Systems				
Structure of cells and tissues				
<b>Basic Diagnostic Audiology</b>				
Theoretical bases of auditory procedures				
Pure tone audiometry, speech audiometry, acoustic immittance				
Otoacoustic emissions				
Retrocochlear tests				
<b>Basic Clinical Audiology</b>				
Causes, mechanisms, diagnosis, management of hearing disorders and ear disease				
Paediatric Audiology				
Hearing Aids				
Clinical management of people with hearing disorders				
Noise induced hearing loss				
Otorhinolaryngology				



<b>Measurements in Biomedical Science</b>				
Instrument Systems				
Digital Signal Processing				
Simple Linear Systems				
Transducers				
Amplifiers				
Active filters, digital filters, extracting information from noise				
Frequency analysis and fast Fourier transform				
<b>Central Auditory Function</b>				
Scientific foundations of audiology & otology				
Processes involved in the detection of sound by the auditory system				
Perception of sound in humans (psychoacoustics)				
Central Auditory Processing Disorders and Management				
<b>Acoustics for Audiology</b>				
Physics of sound and acoustics				
Calibration of instruments used in audiology and for acoustic measurements				

<b>Physiological Measures of Auditory Function</b>				
Advanced physiological and behavioural diagnostic techniques				
Assessing the integrity of the inner ear and central auditory pathways				
Auditory Evoked Potentials				
Vestibular Function Testing				
<b>Advanced Clinical Audiology</b>				
Clinical management and integration of clinical findings				
Paediatric and adult rehabilitation				
Hearing Aid selection and technology				
Tinnitus assessment and management				
<b>Psychosocial and Cultural Issues</b>				
Psychosocial effects of hearing loss and counselling techniques				
Deaf Culture, communication of the Deaf (Deaf Community, Sign Language)				
Other cultures				
Allied professions				

## 2. Clinical Practice Hours during course of study

You must demonstrate a minimum total of 250 clinical practice hours: 200 hours must be direct client contact with 'at elbow' direct supervision and the other 50 hours can be observation.

Please see the next page for the form to document your clinical practice hours. **Please use one form per degree.** Please ensure the **completed form is signed and dated by your Programme Director.** If your Programme Director is unable to sign the application form, certified copies of your logbooks or a certified letter from the university may be accepted.

## Clinical Practice Hours Form

Applicant Information	
First Name/Given Name	
Last Name	
Student ID Number	

	Assessment		Intervention		Simulated Practice	Case Conferences
	Children	Adults	Children	Adults		
	<i>Minimum of 200 direct client contact*</i>					
Basic audiometric Measurements						
Electro-physiological Measurements						
Aural (re)habilitation						
Other (please specify)						
<b>TOTAL HOURS</b>						

*\*200 direct contact hours, including a minimum of 100 hours adult assessment and (re)habilitation; and 50 hours child assessment and (re)habilitation*

<p>I verify that the above clinical practice hours were completed at (University):</p> <p>_____</p> <p><input type="checkbox"/> At Graduate (ie. Masters, Doctorate) Level</p> <p><input type="checkbox"/> At Undergraduate (ie. Bachelors) Level</p> <p><i>(Please use one form per degree)</i></p>			
Programme Director Signature			
Programme Director's e-mail		Date:	

### DEFINITIONS

- **Direct contact**- means a supervised practical learning experience with the student clinician actively participating in patient/client service.
- **Graduate level**- university study leading to degrees beyond a bachelor's degree. Bachelor's degree level is normally referred to as undergraduate.
- **Simulation**- means a practical learning experience where the student clinician participates in an activity that utilises a real-life imitation of a patient/client with a set of problems. This may be computerised or using an individual who is trained to act as a real patient/client.

## PROFESSIONAL EXPERIENCE

### 1. Curriculum vitae (CV)

Please provide a **copy of your curriculum vitae** (CV) indicating your qualifications, work experience and recency of clinical practice.

### 2. Membership with an Audiology regulatory or professional body

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

**YES / NO**

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

What date did you obtain the Certificate of Clinical Competence or licence to practise? \_\_\_\_\_

Please provide a **certified copy of your Certificate of Clinical Competence or licence to practise.**

If your membership or registration with your regulatory or professional body has lapsed, please request a **letter of good standing** to be sent directly from that organisation to [admin@audiology.org.nz](mailto:admin@audiology.org.nz).

Please list all regulatory or professional bodies with which you have been registered or, of which you have been a member:

Name of organisation	Registration Number	Date registered to/ from	Email	Organisation's Website

### 3. Professional Reference

Please ask someone who is familiar with your recent practice to complete the **Professional Reference form** (Appendix 1). The referee must send the completed form directly to NZAS at [admin@audiology.org.nz](mailto:admin@audiology.org.nz).

## 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.

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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?

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What were the grounds stated within the complaint?

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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).

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

## 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"> <li>I understand I must refer to myself as a 'Provisional Audiologist' and cannot use the honorific 'MNZAS Audiologist' until I have successfully completed my CCCs and hold a current annual practicing certificate</li> </ul>	
<ul style="list-style-type: none"> <li>I agree to abide by all standards to maintain membership including prompt payment of fees</li> </ul>	
<ul style="list-style-type: none"> <li>I agree to abide by the NZAS Code of Ethics</li> </ul>	
<ul style="list-style-type: none"> <li>I understand that NZAS is required to implement a complaints process if I am alleged to have breached the NZAS Code of Ethics</li> </ul>	
<ul style="list-style-type: none"> <li>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</li> </ul>	
<ul style="list-style-type: none"> <li>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</li> </ul>	
<ul style="list-style-type: none"> <li>I understand that if I am the subject of a complaint my supervisor will be informed.</li> </ul>	
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: \_\_\_\_\_

## APPLICATION AND MEMBERSHIP 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).

### Certificate of Clinical Competency (CCC) and OSCE Examination Fee:

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.



## PROVISIONAL AUDIOLOGIST MEMBERSHIP APPLICATION CHECKLIST – PART ONE

Please use this checklist to ensure you have completed 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.

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).

- English Language Test results
- Personal details completed
- Certified copy of proof of identity (ie. passport, drivers licence, or birth certificate are all accepted as proof of identity).
- A certified copy of the official document registering your change in name if your name has changed from the name of any of your supporting documentation
- Certified copy of your audiology qualification
- Certified copies of all academic course transcripts and descriptions, if applicable
- NZQA Assessment report (if qualification is not listed on NZAS website)
- DoubleCheck NZ Assessment Report
- Course Handbook
- Certified Record of Clinical Practice Hours
- Curriculum Vitae
- Certified copy of Certificate of Clinical Competence or licence to practise (if current)
- Letter of good standing has been sent directly from your previous organisation to [admin@audiology.org.nz](mailto:admin@audiology.org.nz), if your membership or registration with that regulatory or professional body has lapsed
- Professional Reference has been sent directly to [admin@audiology.org.nz](mailto:admin@audiology.org.nz)
- Read and signed Declarations
- 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 the application form and all supporting documents and email to the NZAS Administration team on [admin@audiology.org.nz](mailto:admin@audiology.org.nz).

# Application for Provisional Membership - Overseas-trained Audiologist

## PART 2

### 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: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

**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:

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

## 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><b>Method to review clinical files</b>  <i>e.g. remote access log in; secure email</i></p>	
<p><b>Goals of Supervision</b> - what do you want to achieve (Consider learning needs, and discuss each other's expectations as supervisor and supervisee)</p>	
<p><b>Supervision content &amp; processes</b>  - 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><b>Direct Supervision (face to face only):</b>  <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><b>Indirect Supervision: Supervisor is on site and available for consultation</b>  <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><b>Indirect Supervision: Supervisor is off-site and available for online tele-supervision (OTS) consultation</b></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><b>Online Tele-supervision plan:</b></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><b>Record Keeping</b> - Who will be responsible for writing records? How regularly will notes be taken, how will feedback on direct supervision sessions be provided?</p>	
<p><b>Additional learning procedure,</b> eg. Follow-up on actions from previous supervision; in-depth case review; expectations regarding learning and development</p>	

<p><b>Additional support procedure</b> 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><b>Monitoring of effectiveness of supervision</b> - how will you know if supervision is meeting its purpose and goals</p>	
<p><b>Boundaries</b> - if you have a dual line management role &amp; supervisor role discuss the boundaries within the supervision role</p>	
<p><b>Process for resolving conflict/tensions</b> within supervisory relationship</p>	

Signed: \_\_\_\_\_ (Supervisor)

Signed: \_\_\_\_\_ (Provisional Member)

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

## 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):

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## APPLICATION, MEMBERSHIP AND EXAMINATION FEES

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.

## PROVISIONAL AUDIOLOGIST MEMBERSHIP APPLICATION CHECKLIST – PART TWO



Please use this checklist to ensure you have completed all the requirements for Part 2 of the application.

- 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

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).

## APPENDIX 1: PROFESSIONAL REFERENCE

## REFERENCE REQUEST FORM

Please ask someone who is familiar with your recent practice to complete this reference form. They should send the completed form directly to NZAS at [admin@audiology.org.nz](mailto:admin@audiology.org.nz)

### 1. Applicant Information (please complete this section prior to forwarding to your referee)

Given Name:	Surname:
Email address:	Phone Number:

This form has been created to assist NZAS in determining if the applicant is qualified to be registered as a professional audiologist in New Zealand. Audiologists who are members of NZAS are entitled to practice independently and provide professional health services to the public. They are bound by a Code of Ethics, Standards of Practice and Best Practice Guidelines. Your responses will be reviewed by the NZAS application review panel and may be shared with the applicant as needed. Please answer all the questions in this form to the best of your knowledge

### 2. For reference: in order to complete this form you must

- (a) Be recognized as a qualified audiologist by the appropriate authority in the state/country where you practice, and
- (b) Must have direct knowledge of the applicant's clinical practice and employment history for the period that you are referencing.

### 3. Reference Information

Name of Reference:	
Email address:	
Phone Number:	
Are you recognized as a qualified Audiologist by the appropriate authority in the country/state where you practice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide the name of the authority (regulatory body, professional society or association) that recognises your audiology qualifications in in the country/state where you practice:	
Your Registration Number:	How many years have you practiced as an audiologist:
What dates did you work with or supervise the applicant (month and year):	Start date: End date:
How familiar are you with the applicant's practice for the time period you are referencing (choose one): <input type="checkbox"/> Not very familiar <input type="checkbox"/> Familiar <input type="checkbox"/> Very familiar	
What were the applicant's clinical responsibilities during this time? (e.g. audiologist, audiometrist, student, worked in an assistant role during this time, etc.)	

<p>Where was the applicant employed during this time (please indicate “N/A” if student clinician)?</p>	
<p>During this time was the applicant working:  <input type="checkbox"/> Casually (few hours here and there) <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Student Clinician</p>	
<p>Based on your knowledge of the applicant’s practice, would you have any concerns with having them <u>practice audiology independently and without supervision</u>? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>If you answered YES, we will contact you for more information about your concerns, or you can provide more information on a separate sheet of paper.</i></p>	
<p>Based on your knowledge of the applicant, do you have any concerns with their <u>professional character or reputation</u>? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>If you answered YES, we will contact you for more information about your concerns, or you can provide more information on a separate sheet of paper</i></p>	
<p>Please provide any additional feedback that you would like to provide to NZAS: (more information can be provided on a separate sheet of paper.)</p>	
Signature	Date