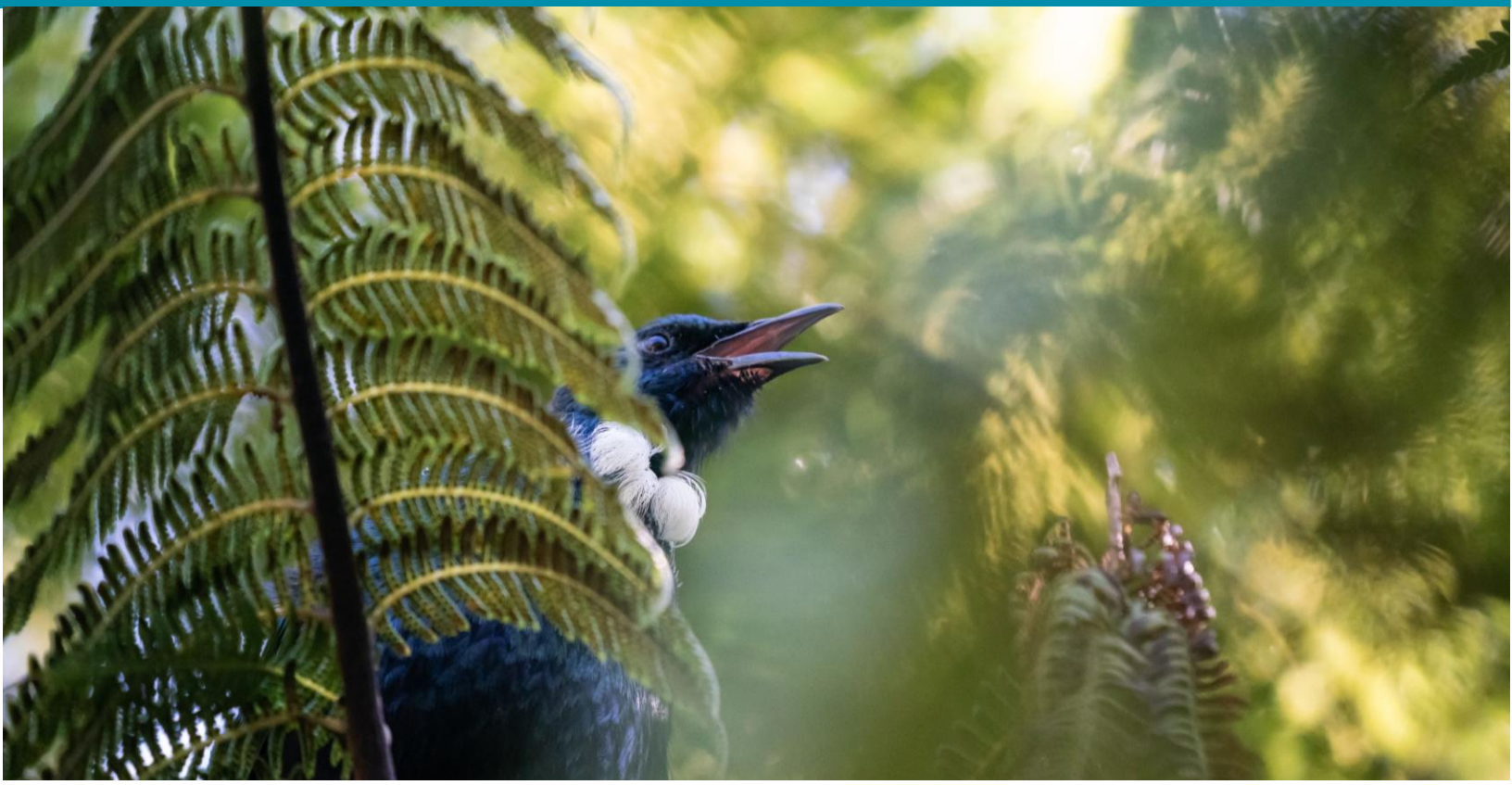

NEW ZEALAND Audiological Society

Application for NZAS Provisional Membership

Audiometrist

August 2025

NZ AUDIOLOGICAL SOCIETY PO BOX 36-067, NORTHCOTE, AUCKLAND 0748

Audiometrist

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

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 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. 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 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 do not have an Australian Skills Quality Authority (ASQA) Diploma in Audiometry qualification or are not a HCPC registered Hearing Aid Dispenser)
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 Audiometrist membership status only. You must obtain a NZAS Certificate of Clinical Competence (CCC) to be entitled to apply to be a MNZAS Audiometrist.

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

Application for Provisional Audiometrist Membership
PART 1

COUNTRY OF QUALIFICATION

Country of Audiometry/Audiology Qualification

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

_____

ENGLISH LANGUAGE REQUIREMENTS

If you completed your audiometry/audiology qualification in a country other than New Zealand, 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 or equivalent from AND have practiced clinically post-qualification 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[1] 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[1] 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 / audiometry). Please attach a **certified copy of your audiometry/audiology qualification(s)** and **academic transcripts**.

Degree or Diploma	Education Provider	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 complete an Australian Skills Quality Authority (ASQA) accredited Diploma in Audiometry or were not registered in the United Kingdom as a Hearing Aid Dispenser with the Health and Care Professions Council (HCPC).

To practice as an Audiometrist in New Zealand you must be able to demonstrate how your audiology/ audiometry education and credentials are academically equivalent to the ASQA-accredited Diploma in Audiometry or HCPC Hearing Aid Dispenser registration.

Please 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

Evidence of clinical practice hours during course of study, including signed and dated by your Course Director. If your Course Director is unable to sign the application form, certified copies of your logbooks or a certified letter from your education provider may be accepted.

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 equivalent to practise Audiology?

YES / NO

If so, from which country and organisation? _____

What date did you obtain the Certificate of Clinical Competence? _____

Please provide a **certified copy of your Certificate of Clinical Competence or equivalent.**

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.

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

Did you have greater than 2 years post-qualification supervised 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 **logbook/letter** from the supervising clinician/employer confirming the details of your supervised practice.

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.

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 education provider, 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 education provider, 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 education provider, 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.

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:	
• I understand I must refer to myself as a 'Provisional Audiometrist' and can not use the honorific 'MNZAS Audiometrist' until I have successfully completed my CCCs and hold a current annual practicing certificate	
• I agree to abide by all standards to maintain membership including prompt payment of fees	
• I agree to abide by the NZAS Code of Ethics	
• I understand that NZAS is required to implement a complaints process if I am alleged to have breached the NZAS Code of Ethics	
• 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	
• 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	
• 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: _____

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 AUDIOMETRIST 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 audiometry/audiology qualification
- ☐ Certified copies of all course transcripts and descriptions, if applicable
- ☐ NZQA Assessment report (if qualification is not listed on NZAS website)
- ☐ DoubleCheck NZ Assessment Report
- ☐ Course Handbook (or equivalent) with detailed description of course of study (for non-Diploma in Audiometry trained or non-HCPC registered audiometrists)
- ☐ Certified record of Clinical Practice Hours
- ☐ Curriculum Vitae
- ☐ Certified copy of Certificate of Clinical Competence or equivalent (if current)
- ☐ Letter of good standing has been sent directly from your previous organisation to admin@audiology.org.nz, if your membership or registration with that regulatory or professional body has lapsed
- ☐ Evidence (logbook or letter) of more than two (2) years post-qualification supervision experience during your time as a member of the professional body/regulatory authority (if applicable)
- ☐ Professional Reference
- ☐ 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 and email to the NZAS Administration team on admin@audiology.org.nz.

Application for Provisional Audiometrist Membership

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

Method to review clinical files *e.g. remote access log in; secure email*	
Goals of Supervision - what do you want to achieve (Consider learning needs, and discuss each other's expectations as supervisor and supervisee)	
Supervision content & processes - how will each party prepare for meetings, what sorts of issues should be bought to supervision meetings, what type of supervision will occur, discuss different methods pros/cons	
Direct Supervision (face to face only): *Provide details of how regular direct supervision is to be achieved and how direct supervision will be maintained during absences of supervisor*	
Indirect Supervision: Supervisor is on site and available for consultation *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.*	

Indirect Supervision: Supervisor is off-site and available for online tele-supervision (OTS) consultation *Provide details of how indirect supervision is to be achieved during any OTS supervision – please refer to the handbook for maximum allowable OTS.*	
Online Tele-supervision plan: *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.*	
Record Keeping - Who will be responsible for writing records? How regularly will notes be taken, how will feedback on direct supervision sessions be provided?	
Additional learning procedure, eg. Follow-up on actions from previous supervision; in-depth case review; expectations regarding learning and development	

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

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):

_____

_____

_____

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 AUDIOMETRIST 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.

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	
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? ☐ Yes ☐ 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): ☐ Not very familiar ☐ Familiar ☐ 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.)
Where was the applicant employed during this time (please indicate "N/A" if student clinician)?
During this time was the applicant working: ☐ Casually (few hours here and there) ☐ Part-time ☐ Full-time ☐ Student Clinician
Based on your knowledge of the applicant's practice, would you have any concerns with having them practice audiology independently and without supervision? ☐ YES ☐ NO *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.*
Based on your knowledge of the applicant, do you have any concerns with their professional character or reputation? ☐ YES ☐ NO *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*
Please provide any additional feedback that you would like to provide to NZAS: (more information can be provided on a separate sheet of paper.)

Signature	Date