## PODIATRISTS BOARD OF NEW ZEALAND

PO Box 9644, Wellington 6141 Level 5, 22 Willeston Street, Wellington, 6011 New Zealand

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Podiatrists Board of NZ GST No. 73-081-173

<b>FEES PAYMENT FORM</b>	
2019	
NAME:	REGISTRATION No: 80-0

Application for:  Please tick the appropriate box		AMO PAYA
		(GST
REGISTRATION:		
New Zealand qualification (incl re-registration & restoration to Register)		3
Overseas qualification		8
Trans-Tasman Mutual Recognition		8
Further Scope of Practice		2
ANNUAL PRACTISING CERTIFICATE (APC) INCLUDING DISCIPLINARY LEVY		
APC for full year 1 April to 31 March	175.00	9
APC if applying after 1 April and held APC in previous year	175.00	1,0
APC if never previously registered as a Podiatrist (valid from 1 Dec until 31 March the following year)		2
APC (valid 1 January until 31 March of the same year) for Return to Practice applicants and new Overseas Qualified Registrants	87.50	4
APC with further scope of practice: Podiatric Surgery	175.00	1,1
APC with further scope: Podiatric Surgery & Podiatric Radiographic Imagery	175.00	1,1
APC with further scope/s and applying after 1 April and held APC in previous year	175.00	1,2
OTHER FEES		
NON-PRACTISING INACTIVE MAINTENANCE FEE	175.00	2
Certificate of Registration		
Supply of any documents (other than Certificates of Registration)		
Addition or alteration to Register (excl. change of name or address)		
Inspection or copy of Register		
Cultural (Open Book) Exam: Overseas qualified registration application		1,1
Cultural (Open Book) Exam: Return to Practice: no prior NZ APC / Re-Registration		1,1
Cultural (Open Book) Exam: Return to Practice APC/ O/seas qualified & prior NZ reg pre OBE)		;
Cultural (Open Book) Examination Re-sit		;
Review Fee (practitioner competence review: up to 1/3 of costs to the Board)		2, 1 max

## **Payment Details**

All fees must be paid in New Zealand dollars (NZ\$) by credit card, NZ trading cheque or bank draft Your application cannot be processed if payment is received in a foreign currency.

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CREDIT CARD: (pleas	se tick one)			
Card Number				
Expiry Date:/_	_	Amount (NZ\$)	_	
Cardholder's Name:		Cardholder's Signature:		
OR				
CHEQUE OR BANK DE	RAFT			
☐ Enclosed is my cheq	jue / bank draft for NZ\$	made payable to the <b>"Podia</b>	atrists Board of New Zealand"	
OFFICE USE ONLY				
Amount Paid \$ Pa	ayment for: ☐ Reg ☐APC [	□Reg Cert □ IM fee □Other	Year:	
		Entered in Database		
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