APPLICATION FOR PROVISIONAL AUDIOMETRIST MEMBERSHIP
Clinical Certification - Audiometry

INTRODUCTION
This application form has seven parts:
1) Personal information
2) Supporting documentation
3) Fees
4) Nomination for Provisional Audiometrist Membership entry
5) Supervision plan
6) NZAS Code of Ethics Agreement
7) Provisional Audiometrist Membership Entry Application Checklist

Please ensure you complete sections 1) through 6) in full to enable us to promptly process your application.

Please make use of the checklist provided in section 7) to ensure you have everything completed to send with your application form.

Please note this application is for Provisional Audiometrist Membership Entry.

You must successfully complete the prescribed online module, Portfolio and Bridging Course prior to being eligible to sit the Clinical Competence OSCE examination.

Audiometrist status requires successful completion of all prerequisite requirements and the Clinical Competence OSCE examination.

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 receive an Audiometrist Clinical Competence Certificate upon successful completion of the tasks.

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

Surname: Click here to enter text.

Given/First names: Click here to enter text.

Previous name (if applicable) Click here to enter text.

Date of birth Click here to enter a date.

Male □ Female □

Postal address: Click here to enter text.

Email address: Click here to enter text.

Have you been convicted of any offence against the law in New Zealand or any other country? Yes □ No □

Is English your first language? Yes □ No □

If you have answered “no”, you will need to successfully complete an International English Language Testing System (IELTS) Academic Test scoring 7.5 for each band: reading, listening, writing and speaking. The total of 7.5 in each band must be achieved within 12 months of the first sitting the test.

**NZAS communicates with members via email, it is vital that you inform us of any email address changes.**
Qualifications
Please list your qualifications (relevant to audiology).

<table>
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<th>Qualification obtained</th>
<th>Name and address of Training Institute/Organisation</th>
<th>Length of programme</th>
<th>Date completed</th>
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**Professional / Regulatory Authorities**
State the country/jurisdiction and name the professional body or regulatory authority where you hold membership or registration as an audiometrist.

Name of professional body/regulatory authority  Click here to enter text.
Country/jurisdiction  Click here to enter text.

Do you hold a certificate of clinical competence for the professional body/regulatory authority?
Yes ☐  No ☐

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 note that this is a requirement for those individuals wishing to be “grandfathered” through the 2 year supervised provisional practice)*

Have you ever been the subject of a complaint to any professional body or regulatory authority?
Yes ☐  No ☐

If so, to whom was complaint made and when?  Click here to enter text.
Please give details of the grounds stated within the complaint and outcome (e.g. complaint was dismissed or upheld) and any censure actions taken against you (e.g. suspension, financial penalty or membership struck off).

Click here to enter text

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

Click here to enter text
Work experience

Please briefly describe any relevant work experience:

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<tr>
<th>Name of employer</th>
<th>Address &amp; email contact details of manager</th>
<th>Dates employed</th>
<th>Role undertaken</th>
<th>Employer can be contacted as a referee?</th>
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Clinical Hours you work each week (not normally more than 40): Click here to enter text.
Provisional Audiometrist Supervision

As a Provisional Audiometrist Member you are required to be supervised by a full Member of the NZAS. Your supervisor is required to make themselves familiar with the Audiometrist Scope of Practice and Supervision and Membership Requirements Booklet. Please have your supervisor read and sign the supervisor’s declaration below.

Supervisors Name:            Click here to enter text.
MNZAS membership number:      Click here to enter text.

**Supervisor’s Declaration:**

I, ________________________________, hereby agree to provide

________________________________________ with and accept responsibility for supervision during their employment. I acknowledge that I have read and am familiar with the current Audiometrist Scope of Practice requirements, including the level of supervision (direct and indirect) required as detailed in the Supervision and Membership Requirements Booklet. I will assist and mentor them to the best of my abilities whilst he/she is under my supervision. I understand it is my responsibility to ensure the candidate completes the requirements as effectively as possible.

Supervisor’s Signature:    _________________

Date:                      _________________
3) **SUPPORTING DOCUMENTATION**

Please supply certified copies of the following documents:

1. NZQA Assessment Report. You need to contact NZQA to get a qualification assessment report from them, if relevant (Not required for full members of ANZAI). [www.nzqa.govt.nz](http://www.nzqa.govt.nz)
2. All course transcripts and descriptions.
3. IELTS (Academic Test) that meets NZAS requirements, if applicable.
4. Certified copy of certificate of clinical competence and/or professional membership or practising certificate from your regulatory authority
5. Confirmation details of > 2 years post qualification supervised practice *(for those wishing to be grandfathered through to Audiometrist Membership)*.
6. Certified copy of passport
7. Curriculum vitae
8. Letter of good standing from regulatory authority or professional body

**Please ensure your nominators have completed and submitted professional references**
4) **FEES**

i) **Application Fee:** The current application fee is $100.00 which 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 surname as the reference. On receipt of the application and the fee the NZAS Executive Officer will send you an invoice and receipt via email. Please note this application fee is non-refundable.

Please indicate which method you have used to pay your application fee:

- [ ] Online banking
- [ ] Cheque payable to New Zealand Audiological Society (attached)

ii) **Provisional Audiometrist Membership Fee:** Should your application for Provisional Audiometrist Membership entry be accepted, you will be invoiced Provisional Audiometrist fees. This fee is currently $669.00 + GST per annum. 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 Audiometry Membership Certificate. In particular, if you are required to attend secondments outside of your usual workplace. It is up to the seconding centre to determine costs and you must discuss this with them directly.

iii) **Audiometry Membership Examination Fee:** The current fee for sitting your CC-Audiometry OSCE examination is $1,300.00 (including GST). This is comprised of $300 for the Portfolio and Module and $1,000 for the clinical exam. You will be sent an invoice for the examination fee once you apply to sit the examination. Once paid, you will be allocated a place in the next available OSCE examination. Should you be required to re-sit the CC exam, or part thereof, a resit fee of no more than $1,000.00 will apply. In order to sit your CC exam to become an Audiometrist you will be required to attend and successfully complete an NZAS approved bridging course. It is your responsibility to enroll, attend and cover the costs of this.
5) NOMINATION FOR PROVISIONAL AUDIOMETRIST MEMBERSHIP

Provisional Audiometrist Membership applicants must be proposed by at least two Full Members of the NZAS. As per the NZAS Constitution (Section 3: Membership (b)), these Members shall have personal knowledge of the candidate and be prepared to furnish information as to the candidate’s qualifications, work experience and suitability.

Please have the Full Members who support your application and who will submit a professional reference sign below.

Nominated by: ____________________________ (signature)
______________________________ (print name)

Seconded by: ____________________________ (signature)
______________________________ (print name)

Information about professional references:
To assist NZAS, nominators should write a professional reference on letterhead covering the following matters:

1. How long and in what circumstances you have known the applicant
2. Your opinion of the character and integrity of the applicant, stating in particular:
   i) What reasons relating to character, integrity, reliability and diligence, in your opinion, make the applicant suitable to become a member of NZAS;
   ii) Whether there are any factors known to you that may impact on any professional, competency or fitness to practice issues; and
3. To your knowledge, whether the applicant has ever been convicted of any criminal offence or been subject to an ethical complaint.

Please include your contact details and quote the applicant’s full name and date of birth with the letter which should be sent directly to NZAS at mail@audiology.org.nz.
6) NZAS CODE OF ETHICS AGREEMENT & DECLARATION

I, ____________________________
(please print full name)

of ____________________________
(please print home address)

agree to the following terms:

i) I have read and agree to abide by the NZAS Code of Ethics.

ii) I agree that NZAS may contact my nominated supervisor, past employers, universities or training organisations and any relevant Professional Bodies/Regulatory Authorities in relation to this application.

iii) 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.

iv) 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.

v) I declare that all the details in respect of my application for membership with NZAS are true and correct. I understand that if information submitted to support my application is found to be false or misleading, my application may be declined.

I make this solemn declaration conscientiously believing the same to be true and correct by virtue of the Oaths and Declaration Acts 1957.

Signature: Click here to enter text.

Date: ____________________________
7) **PROVISIONAL AUDIOMETRIST MEMBERSHIP APPLICATION CHECKLIST**

Please use this checklist to ensure you have completed all of the parts required 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 $100.00.

<table>
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<th>Application for membership</th>
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<tbody>
<tr>
<td>Application form completed by applicant</td>
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<tr>
<td>Application form - Supervisor’s Declaration signed</td>
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<tr>
<td>Application form - Nomination by NZAS Full Members signed</td>
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<tr>
<td>NZQA Assessment Report if relevant</td>
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<tr>
<td>Certified copy of the IELTS (Academic Test) which meets NZAS requirements if Relevant</td>
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<tr>
<td>All course transcripts and descriptions</td>
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<td>Certified copy of current certificate of clinical competence and/or professional body membership and/or regulatory authority practising certificate</td>
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<tr>
<td>Curriculum vitae</td>
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<tr>
<td>Certified copy of passport</td>
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<tr>
<td>Professional references requested</td>
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<tr>
<td>Application fee paid or provided with this application</td>
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If you have completed all the relevant parts listed above, your application should be ready to send. Please scan and email to the NZAS at mail@audiology.org.nz.