

## APPLICATION FOR INITIAL APPROVAL AS AN AUTHORISED VACCINATOR

Applicants Name		Registration #
Employer		
Work Address		
Work Email		Workplace Phone
Home Address		Phone
Personal Email		Ethnicity
<b>Occupation Role -</b> <input type="checkbox"/> Practice Nurse <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Maori / Pacific Health Nurse <input type="checkbox"/> Other .....		<b>Employer Category -</b> <input type="checkbox"/> Primary Care <input type="checkbox"/> Te Whatu Ora <input type="checkbox"/> Occ Health <input type="checkbox"/> Defence <input type="checkbox"/> Occupational Health Nurse <input type="checkbox"/> Nurse Educator <input type="checkbox"/> Hospital RN <input type="checkbox"/> Registered Nurse <input style="color:red" type="checkbox"/> <b>Enrolled Nurse*</b>
		<input type="checkbox"/> Corrections <input type="checkbox"/> Private Hospital <input type="checkbox"/> Aged Care Other.....
<b>REQUIRED DOCUMENTATION</b>		
I enclose the following documentation: <input type="checkbox"/> Copy of Certificate of <b>IMAC Vaccinator Training</b> , 20 hours (VTC) Date of Initial Vaccinator Training ..... * <input type="checkbox"/> Copy of current <b>CPR Certificate</b> (CPR) <input type="checkbox"/> Evidence of <b>NZNC Annual Practicing Certificate</b> , showing expiry date (APC) <input type="checkbox"/> Evidence of <b>Indemnity Insurance</b> , (recommended) <input type="checkbox"/> <b>Clinical Assessment</b> for Initial Application Or, I am transferring from another district within NZ to Canterbury, South Canterbury, or West Coast, and my <input type="checkbox"/> <b>Letter of Authorization</b> is enclosed (Clinical Assessment not required)		<p style="text-align: center;"><b>Vaccinator Status requested</b></p> <p><input type="checkbox"/> <b>Full</b> (includes vastus lateralis), I will be vaccinating Adults and Children</p> <p><input type="checkbox"/> <b>Deltoid-only</b> I will be vaccinating Adults only (see clinical assessment for your status)</p>
<b>CLINICAL ASSESSMENT</b>		
Clinical Assessment completed by		Registration No
Immunisation Coordinator Sign / Date		Phone No
<b>RENEWAL OF AUTHORISATION</b>		
<p><b>* Please note - your authorisation will be due for renewal 2 years from the date of initial IMAC training.</b></p> <p>Following expiry of authorisation, if your authorisation has expired by &gt;1 month a clinical assessment by an Immunisation Coordinator will be required for re-authorisation.</p> <p>Te Mana Ora will endeavour to send you a reminder that your authorisation is coming up for renewal. Please do not rely solely on this reminder, but also make a diary note for yourself.</p>		
<b>DECLARATION</b>		
I wish to apply to the Medical Officer of Health for initial approval as an Authorised Vaccinator. The above is true and correct. <input type="checkbox"/>		
<p><b>* Enrolled Nurse - I am aware of my scope of practice as an Enrolled Nurse and I am aware that my work as an authorised vaccinator must fit within that.</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> NA (I am a Registered Nurse)</p>		
Vaccinator Applicant sign		Date of Declaration
Please scan all documents and email to <a href="mailto:vaccinator@cdhb.health.nz">vaccinator@cdhb.health.nz</a>		ALLOW UP TO 4 WEEKS FOR YOUR APPLICATION TO BE PROCESSED
Dr Ramon Pink Medical Officer of Health, Te Mana Ora (Community and Public Health) PO Box 1475, CHRISTCHURCH		