



APPLICATION FOR INITIAL APPROVAL AS AN AUTHORISED VACCINATOR

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CONTACT DETAILS – ALL FIELDS IN THIS SECTION ARE REQUIRED			
Name		NZNO Registration #	
Workplace Name			
Address			
Work Email		Workplace Phone	
Home Address			
Personal Email		Home Phone / Mobile	
Occupation Group:	<input type="checkbox"/> Practice Nurse <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Maori Health Nurse <input type="checkbox"/> Pacific Health Nurse	<input type="checkbox"/> Occupational Health Nurse <input type="checkbox"/> Nurse Educator <input type="checkbox"/> Hospital Ward RN Other:	
REQUIRED DOCUMENTATION			
I enclose the following documentation:			
<input type="checkbox"/> Copy of certificate of completion of <u>Vaccinator Training</u> (18 hours), and any updates since then if applicable.			
<input type="checkbox"/> Copy of current <u>CPR</u> Certificate			
<input type="checkbox"/> Evidence of current NZNC <u>Annual Practicing Certificate</u> , showing APC expiry date.			
<input type="checkbox"/> Evidence of <u>Indemnity Insurance</u> , recommended.			
<input type="checkbox"/> Copy of <u>Clinical Assessment</u> completed by an Immunisation Coordinator.			
DECLARATION			
I wish to apply to the Medical Officer of Health for initial approval as an Authorised Vaccinator.			
All of the above is true and correct information. <input type="checkbox"/>			
APPLICANT SIGN:		DATE of declaration:	click calendar
TO BE COMPLETED BY IMMUNISATION COORDINATOR			
Clinical Assessment completed by:		Vaccinator Status: (select one)	
Registration Number:		<input type="checkbox"/> Full (includes vastus lateralis), or	
Contact Phone Number:		<input type="checkbox"/> Deltoid only	
CLINICAL ASSESSOR SIGN:		DATE of clinical assessment:	click calendar
Please scan in all documents and email to: vaccinator@cdhb.health.nz		Dr Ramon Pink Medical Officer of Health, Community and Public Health PO Box 1475 CHRISTCHURCH 8140	
PLEASE ALLOW UP TO 4 WEEKS FOR YOUR APPLICATION TO BE PROCESSED			