December 2020

APPLICATION FOR RENEWAL AS AN AUTHORISED VACCINATOR

use tab to move ahead

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:	☐ Practice Nurse ☐ Public Health Nurse ☐ Maori Health Nurse ☐ Pacific Health Nurse	☐ Occupational Health Nurse ☐ Nurse Educator ☐ Hospital Ward RN Other:	

REQUIRED DOCUMENTATION

I enclose the following documentation:

- ☐ Copy of Certificate of Attendance at a Vaccinator training update
- ☐ Copy of current CPR Certificate
- ☐ Evidence of current NZNC Annual Practicing Certificate, showing APC expiry date.
- ☐ Evidence of Indemnity Insurance, recommended.
- ☐ Peer Review

DECLARATION

I wish to apply to the Medical Officer of Health for renewal as an Authorised Vaccinator.

My previous authorisation expires on: click calendar

I attended a 4-hour Vaccinator Update this year on: click calendar

I am able to provide a summary of my immunisation practice in the past year. The Medical Officer of Health or his / her delegated representative can view this summary if required. ☐

All of the above is true and correct information. ☐

APPLICANT SIGN:	DATE of Declaration: click calendar

TO BE COMPLETED BY AUTHORISED VACCINATOR

Peer Review completed by: Registration Number: Contact Phone Number:	Vaccinator Status: (select one) ☐ Full (includes vastus lateralis), or ☐ Deltoid only
PEER REVIEWER SIGN:	DATE of Peer Review: click calendar

Please scan 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