

APPLICATION FOR RENEWAL AS AN AUTHORISED VACCINATOR

Applicants Name		Registration #	
Employer			
Work Address			
Work Email		Workplace Phone	
Home Address		Phone	
Personal Email		Ethnicity	
Occupation Role – <input type="checkbox"/> Practice Nurse <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Māori / Pacific Health Nurse Other.....		<input type="checkbox"/> Occupational Health Nurse <input type="checkbox"/> Nurse Educator <input type="checkbox"/> Hospital RN <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Enrolled Nurse*	
Employer Category <input type="checkbox"/> Primary Care <input type="checkbox"/> Te Whatu Ora <input type="checkbox"/> Occ Health Other		<input type="checkbox"/> Defence <input type="checkbox"/> Corrections <input type="checkbox"/> Private Hospital <input type="checkbox"/> Aged Care	
REQUIRED DOCUMENTATION			
I enclose the following documentation: <input type="checkbox"/> Copy of Certificate of IMAC Vaccinator Training update , 4 hours (VTC) <input type="checkbox"/> Copy of current CPR Certificate (CPR) <input type="checkbox"/> Evidence of current NZNC Annual Practicing Certificate , with expiry date (APC) <input type="checkbox"/> Evidence of Indemnity Insurance , (recommended) <input type="checkbox"/> Clinical Assessment (My authorisation has expired >1 month), or <input type="checkbox"/> N/A		Vaccinator Status requested (same as previous authorisation) <input type="checkbox"/> Full (includes vastus lateralis), I will be vaccinating Adults and Children <input type="checkbox"/> Deltoid-only I will be vaccinating Adults only	
TO CHANGE STATUS from Deltoid Only to Full			
I have been authorised Deltoid Only previously, and now apply for Full authorisation. I enclose required documentation listed above, and a <input type="checkbox"/> Clinical assessment completed by an Immunisation Coordinator, <input type="checkbox"/> NA		Change of Vaccinator Status <input type="checkbox"/> from Deltoid-only to Full	
CLINICAL ASSESSMENT *			
On the day I did my latest IMAC vaccinator refresher training - <input type="checkbox"/> My authorisation was still current (not expired) , no clinical assessment required. <input type="checkbox"/> My authorisation had expired 0-1 month , no clinical assessment required. <input type="checkbox"/> My authorisation had expired >1 month , a clinical assessment is required from an Immunisation Coordinator to accompany this renewal application. # I don't know my expiry date. Phone Te Mana Ora on 03 3786743 or 03 3782806.		My previous authorisation expires / expired on (date) # I did the 4-hour IMAC Vaccinator update recently on (date)	
Clinical Assessment (*if required), completed by		Registration No	
Sign	Date	Phone No	
DECLARATION			
I wish to apply to the Medical Officer of Health for renewal as an Authorised Vaccinator. 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. <input type="checkbox"/> The above is true and correct <input type="checkbox"/>			
* 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. <input type="checkbox"/> Yes <input type="checkbox"/> NA (I am a Registered Nurse)			
Vaccinator Applicant sign		Date of Declaration	
Dr Ramon Pink Medical Officer of Health, Te Mana Ora Community and Public Health PO Box 1475, CHRISTCHURCH		ALLOW UP TO 4 WEEKS FOR YOUR APPLICATION TO BE PROCESSED Email - vaccinator@cdhb.health.nz	