



APPLICATION FOR RENEWAL AS AN AUTHORISED VACCINATOR

CONTACT DETAILS – ALL FIELDS IN THIS SECTION ARE REQUIRED

Name			Registration #	
Workplace Name and Address				
Work Telephone		Home Telephone/ Mobile		
Home Address				
Email Address				
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"/> Other, specify: <hr/>	

REQUIRED DOCUMENTATION

I enclose the following documentation:

- Copy of Certificate of Attendance at a Vaccinator update
- Copy of current CPR Certificate
- Copy of current New Zealand Annual Practising Certificate (both sides)
- Evidence of Indemnity Insurance (recommended)

DECLARATION

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

My previous authorisation expires on: ____/____/____

I attended a 4-hour Vaccinator Update this year on: ____/____/____

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

All of the above is true and correct information.

APPLICANT SIGNATURE:

DATE:

TO BE COMPLETED BY AUTHORISED VACCINATOR

Peer Review completed by:

Registration Number:

Contact Phone Number:

Full (i.e. includes vastus lateralis)

Deltoid only

SIGNED:

DATE:

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