



Application to remain on the Register as Inactive (Non-Practising)

Return to: registrar@podiatristsboard.org.nz or Registrar, Podiatrists Board, PO Box 9644, Wellington 6141, NZ / registrar@podiatristsboard.org.nz

Note: The Board definition of "practice" is: "Practice means any role, whether remunerated or not in which the individual has skills and knowledge as a health practitioner in their profession for the purpose of the registration standard".

Application to remain on the Register as Inactive (Non-Practising)

for the period 1 April 2024 to 31 March 2025

I, Registration Number: **80- 0**.....
(Full name)

I declare that I will NOT be practising podiatry in Aotearoa New Zealand from 1 April 2024 to 31 March 2025.

I still wish to retain my registration and will pay the Inactive Maintenance Fee and Disciplinary Levy.

I understand that no person may claim to be practising podiatry or do anything that is calculated to suggest that the person practices or is willing to practice podiatry unless the person is registered as a podiatrist and holds a current practising certificate issued by the Podiatrists Board (HPCA Act section 7).

Signature: **Date**.....

Please note this section is to be correctly and honestly completed and failure to do so may lead to a Professional Conduct Committee (PCC) case.

Annual fee payable by 1 April 2024:

Inactive maintenance fee (\$85) and Disciplinary levy (\$175): Total due \$260.00

Please tick the appropriate box for your payment:

Please debit my Visa or MasterCard with NZ **\$260.00** (Two hundred and sixty dollars)
 Expiry Date:/.....
Card Number (month) (year)

Cardholder Name: **Signature:**

- **Direct credit:** is only available by arrangement with the Registrar if you do **not** have a credit card.

Registered Podiatrists are required to promptly inform the Board of any contact changes.

Please use the section below to notify any changes.

Register Information to update:

Full Name: _____ **Reg No:** 80-0.....

New residential address:		
New postal address:		
New work address:		
New email address: *		
New work phone number (include area code)	New home phone number (include area code)	New mobile phone number
Addresses and phone numbers will not be part of the public register		

OFFICE USE ONLY

Amount Paid \$ _____ **Payment for:**

Maintenance fee including Disciplinary Levy Year: 24/25

Payment Method: Chq **Clearance Date:** _____

Entered in Database **Entered in Accounts**