

NZSTA Application for Qualifications Approval of Overseas Qualifications

for overseas trained speech-language therapists who wish to apply for membership of NZSTA and do not meet the criteria to apply under The Agreement for the Mutual Recognition of Professional Association Credentials 2008

Personal Details:

Title _____ Surname _____ First Name _____

Mailing Address _____

Country _____ Post/ZIP code _____

Phone Numbers (Home) _____ (Work) _____ (Mobile) _____

E-mail _____ Date of Birth _____ day / month
/ year

Any previous name (if changed)

First language _____ Other languages _____

Membership of Professional Association (please give details)

Employment:

Areas of clinical interest

Number of years of actual work experience in speech-language therapy/pathology

Referees - Names and contact details of two recent employers who may be contacted to verify work experience.

1. Name _____ Position _____

Organisation & City

E-mail _____ Telephone number _____

2. Name _____ Position

Organisation & City

E-mail _____ Telephone number _____

Education (relating to your highest speech language therapy/pathology qualification):

Qualification _____ Year _____

University

Country _____ Language taught in _____

Disclosure Information and Declaration (must be completed):

1. Have you ever been convicted of a criminal offence or an offence related to the practice of speech language therapy? Yes No
2. Have you been the subject of a finding of professional misconduct, incompetence or incapacity by your employer or any other body? Yes No
3. Have you ever been disciplined or sanctioned, or are there any disciplinary proceedings pending against you before any professional association, professional licensing authority or board, or other professional regulatory body? Yes No

If you answered yes to any of the above please provide details on a separate piece of paper. Include the nature of the offence; the date of the offence; the nature of any penalties or rehabilitation requirements imposed and any other relevant factors you would like the NZSTA to consider.

NOTE: A criminal conviction, disciplinary action or sanction will not automatically preclude membership. The NZSTA will consider all relevant factors.

A. I affirm that the information in this form, and all other documentation provided, is true and correct.

If accepted for membership:

B. I have read and agree to abide by the NZSTA Code of Ethics and any subsequent amendments. The Code of Ethics is available at <http://www.speechtherapy.org.nz/about-nzsta/ethics>

C. I agree to abide by all standards required to maintain membership and I understand that, once I receive membership, my membership status may be made available to the public.

Name _____

Signed _____ Date day / month / year

Checklist - Documents Attached

Required by every applicant:

- An *original* degree transcript which specifically lists all courses, hours for course (or breakdown), and grades achieved. It must also specify the title of your degree in speech-language therapy/pathology and the date conferred.
- Certified copy* of evidence of competency in dysphagia (assessment, diagnosis and management) either through evidence of specific courses or previous experience.
- Certified copy* of current practising certificate / membership card of home professional association (must be valid at time of application)
- Up-to-date curriculum vitae outlining work experience and professional development.

Payment Details

Payment due for Qualifications Application; **must be** in New Zealand Dollars: NZD \$1250

Enclosed is my cheque/bank draft made out to NZSTA

OR

**Electronic payment to NZSTA account number: 38 9012 0192936 00,
swiftcode is CITINZ2X (Kiwibank use Citibank for international transactions)**

Please make sure you pay ALL bank fees

May be required (please check if any apply):

- If you are a current member of your professional home association an *original letter* from them indicating if you are a current member in good standing in the country in which you are practising.
- If less than two years clinical Speech-Language Therapy experience a *certified copy* of the signed clinical hours log from the degree programme showing a minimum of 300 hours clinical experience (only 25 of which may be observation), experience across a range of disorders (both communication and swallowing), and experience with a range of client groups (from childhood through adulthood).
- Certified copy* of the official document registering your change in name (either through marriage or some other event) if your name on this application form is different to the name on any of your supporting documentation.
- Original* of IELTS results if your speech-language therapy/pathology qualification was completed in a language other than English, or if English is your second language.
- Any other information in support of your application or any disclosure information

Please specify
