

 NZ Sterile Sciences Association

Application for Registration Form

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| Name: |
| Address: |
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| Email: |
| Telephone No.: | NZSSA Member No.: |
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| Year of graduation from Certificate in Sterilising Technology: |
| Length of employment in Sterile Service: |
| Current place of employment: |
| Manager’s name: |

**Before sending in your application, please complete the following checklist to ensure you have provided all the necessary documentation:**

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| ⃝ | Completed application form |
| ⃝ | Copy of NZSSA Membership Card |
| ⃝ | Copy of Certificate in Sterilising Technology or recognised equivalent |
| ⃝ | Record of Continuing Education (CE) form |
| ⃝ | Proof of attendance certificate in chronological order matching the CE form (original is preferred or copy verified by your manager as a true copy) |
| ⃝ | Practice hours verified and signed by your manager or department delegated person on CE form |
| ⃝ | CV |
| ⃝ | Exemplar of Practice  |
| ⃝ | Copy of Professional Development Plan |

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**Application for Registration Form**

**Scan, email or post your portfolio to:**

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|  **Martin Bird**TSU Coordinator, Sterile ServicesDunedin HospitalPrivate Bag 1921DUNEDINmartin.bird@southerndhb.govt.nz  |  **Kerry Nicholls**CSSD ManagerWakefield HospitalPrivate Bag 7909WELLINGTONkerry.nicholls@wakefield.co.nz |
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**PLEASE NOTE:**

**If you choose to post your portfolio, please include a prepaid return address envelope.**

After the portfolio has been assessed and verified as meeting the registration criteria, it will be returned to you with your Certificate of Registration.

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| **NZSSA USE ONLY** |
| Application: |
| ⃝ Approved | ⃝ Not Approved |
| Reason for non-approval: |
|  |
| Signed: | Date: |