

 NZ Sterile Sciences Association

Application for Registration Form

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| Name: |
| Address: |
|  |
| Email: |
| Telephone No.: | NZSSA Member No.: |
|  |
| 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 |
| ⃝ | Evidence of membership being current |
| ⃝ | 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 (scanned 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**

**Save all your information for the portfolio as clearly labelled files and email your portfolio to EITHER (not both):**

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| **Registration Assessors:**  |  |
| **Maureen Scott**Sterile Services ManagerWaikato HospitalMaureen.Scott@waikatodhb.health.nz  | **Kelly Swale**Sterile Services Team LeaderFaculty of Dentistry, Otago Universitykelly.swale@otago.ac.nz  |
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After the portfolio has been assessed and verified as meeting the registration criteria, it will be returned to you with an electronic Certificate of Registration.

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