

# APPLICATION FOR INITIAL INDEPENDENT VACCINATOR AUTHORISATION

To: Dr Greg Simmons  
Medical Officer of Health  
Public Health Unit  
Taranaki Base Hospital  
Private Bag 2016  
NEW PLYMOUTH

***Approval is being sought by:***

Name:.....

Employer:.....

Your Postal address:.....

Phone (Pvt).....(work).....

**Please find enclosed photocopies of:**

- Current Annual Practicing Certificate
- Current Indemnity Insurance Cover (e.g. NZNO membership)<sup>1</sup>
- Evidence of completion of a CPR training course
- Course certificate from vaccinator training
- Evidence of clinical assessment<sup>2</sup> relevant to scope of practice by appropriately authorised independent assessor

All of the above are requirements to complete this application

**Current Clinical Setting:**

- School based programme
- Primary Care
- Secondary Care
- Outreach Immunisation services
- Occupational Health
- Midwifery
- Other (brief description)... ..

Signed: \_\_\_\_\_  
Applicant

Date: \_\_\_\_\_

<sup>1</sup> This must show expiry date or if you pay monthly, this should be noted.

<sup>2</sup> Application for Authorisation to vaccinate children under the age of 5 years must include assessment of two immunisation events - one of which will involve child under the age of 12 months. Should scope of practice change since initial authorisation i.e. from Occupational Health to Primary care, the vaccinator will require a further clinical assessment relevant to scope of practice.