

# APPLICATION FOR RE-AUTHORISATION AS AN INDEPENDENT VACCINATOR

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

***Re-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>
- Course certificate from vaccinator training update

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)... ..

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

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

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