

**APPLICATION FOR
RE-AUTHORISATION AS A VACCINATOR**

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

Email: TDHBPUBLICHEALTH@tdhb.org.nz

Re-authorisation is being sought by:

Name:.....

Employer:.....

Your Postal address:.....

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

Please find enclosed photocopies of:

- Evidence of attendance at a vaccinator update course that meets the current IMAC *Vaccinator Update Course Standards* completed within the preceding 24 months
- Current Annual Practicing Certificate
- Summary of your immunisation practice over the past 12 months which includes the type of practice, types of vaccinations given and other responsibilities related to immunisation.
- Resuscitation certification equivalent to that outlined in Appendix 4.2 of the 2020 Immunisation Handbook

All of the above are requirements to complete this application

Signed: _____
Applicant

Date: _____