

**RENEWAL APPLICATION FOR AUTHORISATION AS A VACCINATOR 2022**

Full Name: .....

Address: .....

Phone (Home)..... (Work): .....Postcode: .....

Email: .....

- **I have read and comply with the Immunisation Standards as in the Immunisation Handbook 2020 Appendix 4**
- **I have read, understood and comply with the requirements to be an AV as per the Immunisation Handbook 2020, Appendix 4**

Date and place of most recent IMAC Vaccinator update: .....

Date of Expiration of Current AV Authorisation.....

Summary of your immunisation practice over the past 12 months  
*types of vaccinations given (e.g. intramuscular, subcutaneous, intradermal), estimated number of vaccination episodes per month, include other responsibilities related to immunisation (e.g. name of the cold chain-designated person in your practice):*

.....  
.....

Type of workplace/s .....

(EG: General Practice, Public Health Nurse, Occupational Health Nurse)

Current Place of employment .....

Signature:..... Date:.....

**\* Please submit your application a minimum of 1 month prior to the expiry date of your current application \***

**Check each box when you have enclosed copies of the following documents:**

- Current Annual Practising Certificate  
*(You must disclose in writing any limitations or restrictions imposed on your practice)*
- Evidence of current authorisation, copy of certificate or letter.
- Recent Vaccinator Update Certificate
- Current CPR certificate NZRC: 'Covering all requirements listed in (Section A4.4 Immunisation Handbook 2020)'

**Return form via email to: Vaccinator applications - Public Health Service**  
**PO Box 647, NELSON 7040**  
Please email to: [VaccinatorApplications@nmdhb.govt.nz](mailto:VaccinatorApplications@nmdhb.govt.nz)