

# APPLICATION FOR CLINICAL PRIVILEGES



**AUCKLAND  
RADIATION  
ONCOLOGY**

A partnership  
between MercyAscot  
and Southern Cross  
Hospitals

**Radiation Oncologist:**

**Family name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Preferred Name:** \_\_\_\_\_

<b>Address</b>	<b>Postal Address (If different)</b>
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**Phone:** \_\_\_\_\_ **Mobile :** \_\_\_\_\_  
**email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Where do you currently have privileges to practice Radiation Oncology Please tick ✓

MercyAscot Hospitals                       Southern Cross Hospitals  
 DHB     Other .....

Annual Practicing Certificate

**Registration No:** \_\_\_\_\_ **HPI No:** \_\_\_\_\_ **Date of Expiry:** \_\_\_\_\_

NRL License

**Registration No:** \_\_\_\_\_ **Date of Expiry:** \_\_\_\_\_

An ARO staff member will contact the facilities where you are currently credentialed. We will verify your current status at the facility, and any conditions noted on your scope of practice.  
 Please sign below authorising us to contact the named facilities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Facility	Credentialed Scope	Date of initial approval	Expiry date – if applicable	Date verified	Verified by

Approved to practice at ARO: Name	Signature	Date

**Personal declaration:**  
 I declare to the best of my knowledge the information in this application form is correct. I understand that if I provide any false or misleading information or if I suppress information, this may lead to termination of my privileges.

I authorise, by signing below, Auckland Radiation Oncology to hold the information in this application form and my Curriculum Vitae, for the purpose of legal and contractual reasons.

**Application Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Attached copy of APC	
Attached copy of NRL	
Attached copy of CV	