

**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

***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 Practising 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 set for NZRC 'Health Professional Responder, CORE Immediate – Adult and Child' within the last 2 years.

All of the above are requirements to complete this application

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

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