



NEW ZEALAND STERILE SERVICES ASSOCIATION

APPLICATION FOR REGISTRATION FORM

Name: _____

Address: _____

Phone: _____

Email: _____

NZSSA Number: _____

Date of Joining NZSSA: _____

Sterilisation Technology Certificate Year: _____

Currently employed at: _____

Length of Employment in Sterile Services: _____

Employment in Other Sterilising Facilities:

From: _____ To: _____
From: _____ To: _____
From: _____ To: _____

Please complete this checklist before sending for verification.

- Application form completed including NZSSA number
- Record of Continuing Education form completed
- All original Proof of Attendance certificates enclosed in chronological order matching the CE form.
- Practice hours have been verified and signed off by Manager of your area or delegated person.
- All original Proof of "Attendance" certificates enclosed in chronological order matching CE form.
Note: Photocopies must be verified and signed by your Manager.

Please send all information to:

North Island Applicants

Jill Parker
Sterile Services
Timaru Hospital
Private Bag 911
TIMARU

South Island Applicants:

Aileen Derby
Sterile Services
Waikato District Health Board
Private Bag 3200
HAMILTON

After the documents have been verified they will be returned to you with a Certificate of Registration.

For NZSSA Use only

Application

Approved

Not Approved

Reason For Non Approval:

Signed

Date: