

## Appendix 4: Application for Authorisation as Yellow Fever Vaccinator (YFV)

<b>Applicant role:</b>	Medical Practitioner	Nurse Practitioner	Registered Nurse
<b>Application type:</b>	New application	Existing Yellow Fever vaccinator	
<b>Date of application:</b>			
<b>Name of applicant:</b>			
<b>Registered name (if different):</b>			
<b>NZMC/NCNZ registration number:</b>			
<b>Telephone:</b>			
<b>Email:</b>			
<b>Operating from which authorised yellow fever vaccination centre(s):</b>			
<b>Current subscriptions to international travel medicine surveillance bulletins:</b>			
<b>Initial Approval only: Postgraduate qualification in travel medicine (institution / qualification / month and year awarded)</b>			

**Send this signed and completed application form with all supporting documentation to your local Medical Officer of Health (for renewals, at least 6 weeks before expiry of current authorisation)**

By submitting this application, I agree to the following conditions if granted YFV authorisation.

- YFV authorisation will be restricted to individual medical practitioners or nurse practitioners or registered nurses who are registered in New Zealand and fulfil the application requirements, as specified in Appendix 1 of the policy.
- A Medical Practitioner or Nurse Practitioner who is a YFV may prescribe, administer or supervise administration of yellow fever vaccine.
- A Registered Nurse who is a YFV may administer yellow fever vaccine without a prescription, in accordance with Medicines Regulations 1984, reg 44A.
- A Medical Practitioner or Nurse Practitioner who is a YFV and an authorised prescriber may delegate the administration of yellow fever vaccine to a health professional with appropriate competencies.

- YFV authorisation is not transferable to another health professional.
- YFV authorisation is transferable across health districts. The YFV must inform the Ministry of Health and the local Medical Officer of Health before practising in their health district.
- If the YFV is of the opinion that the vaccination or prophylaxis is contraindicated on medical grounds, the YFV shall provide an exemption and inform such persons of any risk associated with non-vaccination and non-use of prophylaxis.
- YFV authorisation for medical practitioners or nurse practitioners is renewable on a three-yearly basis, subject to fulfilling the application requirements as specified in Appendix 1 of the policy.
- YFV authorisation for registered nurses is renewable on a two-yearly basis, subject to fulfilling the application requirements as specified in Appendix 1 of the policy.
- Applicants must submit a complete application to the local Medical Officer of Health for renewal of YFV authorisation six weeks prior to their current authorisation expiry date to ensure continuity of authorisation.
- Authorised YFVs must adhere to the following:
  - immunisation standards in the current *New Zealand Immunisation Handbook*
  - the guidelines regarding yellow fever vaccination and certification outlined in the most current edition of the WHO's *International Travel and Health*
  - the guidelines regarding yellow fever vaccination and certification outlined in the International Health Regulations 2005, Annexes 6 and 7.
- The Director-General of Health or the Medical Officer of Health reserves the right to audit YFVs at any stage to confirm that the conditions of authorisation have been met.
- If, in the opinion of the Director-General of Health or the Medical Officer of Health, the required conditions of authorisation have not been met, the Director-General of Health or the Medical Officer of Health reserves the right to:
  - revoke YFV authorisation
  - decline renewal of YFV authorisation
  - stipulate a probationary period of YFV authorisation subject to any conditions set by the Director-General of Health or the Medical Officer of Health.
- The Director-General of Health or the Medical Officer of Health may revoke authorisation of YFVs *immediately* in the case of:
  - breaches of patient safety
  - breaches of medical ethics
  - breaches of the conditions of YFV authorisation as listed above
  - breaches of the conditions of YFV authorisation that are specific to the local health district and that have been determined by the local Medical Officer of Health for the health district in which authorisation is given
  - transgression of evidence-based practice.

**SIGNED:** .....

**DATE:** .....

*Please complete the following checklist for details of supporting documentation required.*

## Checklist for yellow fever vaccinator authorisation applications (please complete and include with your application)<sup>1</sup>

Documentation required	Medical Practitioner	Nurse Practitioner	Registered Nurse	Attached?	Medical Officer of Health
Completed signed application form with appropriate registration details	Reg in NZ with general scope of practice	Registered in NZ with appropriate scope (after 6 April 2017; or with general scope of practice; or with an existing scope acceptable to Medical Officers of Health); If reg prior to 1 April 2014 - without a prescribing restriction	Reg in NZ		
List of travel surveillance subscriptions	Y	Y	Y		
Current authorised vaccinator with no age group restrictions	N/A	N/A	Y		
<b>Initial authorisation only</b> Postgraduate qualification in last 15 years	Y	Y	Y		
<b>Initial authorisation only</b> CV detailing 5+ years postgraduate experience including 3+ years in travel health, currently employed in travel health	N/A	N/A	Y		
<b>Renewing authorisation only</b> Log of all vaccinations as specified <b>Anonymised log</b> of all vaccinations since <b>last authorised</b> containing: <ul style="list-style-type: none"> <li>all yellow fever vaccines delivered, the date they were delivered and the age of the recipient,</li> <li>all certificates of exemption, with appropriate reasons,</li> <li>all reported adverse reactions, and</li> <li>names of all vaccinators (if not the authorised YFV).</li> </ul>	36 months ( <b>or</b> since last authorisation date)	36 months ( <b>or</b> since last authorisation date)	24 months ( <b>or</b> since last authorisation date)		
<b>Renewing authorisation only</b> Evidence of travel and yellow fever-specific CME/CNE hours	15+3 hrs in 36 months	15+3 hrs in 36 months	9+3 hrs in 24 months		

<sup>1</sup> Checklist and application form updated September 2024