Complete this form to register your organisation for a digital certificate. Sole practitioners, counsellors etc, must complete this form to have your business registered with the New Zealand Health & Disability Sector Registration Authority (NZHSRA) for digital certificates. Email this completed form to [registration.authority@acc.co.nz](mailto:registration.authority@acc.co.nz).

For help or questions, email [registration.authority@acc.co.nz](mailto:registration.authority@acc.co.nz) or call 0800 117 590.

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| --- |
| 1. Organisation details |
| Organisation trading name: |
| Organisation name as registered with NZHSRA (if different): |
| Work address: |

|  |
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| 1. Applications |
| My organisation needs access to:  ​ ACC electronic transactions (eg electronic invoicing and/or ACC45 submissions, etc)   If your organisation uses a Practice Management System (PMS) please tell us the name of   the system you use / will use:  ​ Health New Zealand – Connected Health Network (eg NHI, Special Authority etc)  ​ CareConnect (For specialists and allied health providers using a portal to send referrals to   Health New Zealand in Auckland and Northland. Not applicable to GP practices) |
| If you need access to ACC electronic transactions, tell us your ACC vendor ID: |

|  |  |
| --- | --- |
| 1. Organisation contact details | |
| Contact name: | Job title: |
| Work phone: | Work mobile: |
| Work email address: | |

|  |  |
| --- | --- |
| 1. Authorised signatories | |
| Supply the names and contact details of at least 2 authorised signatories who can approve certificate requests on behalf of your organisation and revoke user certificates. | |
| Full name: | Work email: |
| Job title: | Work phone: |
| Full name: | Work email: |
| Job title: | Work phone: |
| Full name: | Work email address: |
| Job title: | Work phone: |

|  |  |
| --- | --- |
| 5. Declaration | |
| I declare that:   * the information given in this form is true and correct, and that I authorise the NZHSRA (as the accredited Registration Authority) to verify this information. * I accept that the NZHSRA may decline any application or revoke any certificate at any time. | |
| Full name: | |
| Job title: | Date: |

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982. For further details see [ACC’s privacy policy](https://www.acc.co.nz/privacy/our-privacy-framework).