



Application for Membership

Personal Details - All sections must be completed

Title Mr. Ms. Mrs. Miss

Gender Male Female

Family / Surname

Given / Forenames

English Name / Name called by

Name to appear on your NZRA Certificate

Date of Birth (dd/mm/yyyy)

Place of Birth

Date of New Zealand Citizenship (dd/mm/yyyy)

Date of New Zealand Residency (dd/mm/yyyy)

Length of time in New Zealand

I wish to start practicing on: (dd/mm/yyyy)

I agree to my name, clinic phone number and address being listed on the NZRA website?
Yes No

Are you currently working?
Yes No

Contact Details

Home Address

 Postal Code:

Postal Address (if different from home address)

 Postal Code:

Home Phone

Mobile Phone

Home Fax

Email

Clinic Details

Clinic Name

Address 1

 Postal Code:

Address 2

 Postal Code:

Clinic Phone

Clinic Phone

Clinic Fax

Clinic Fax

Web address

Application Category

Holder of National Diploma of Acupuncture

This category is for applicants that hold the National Diploma of Acupuncture Level 7

OR

Applicant seeking membership by equivalency to National Diploma of Acupuncture

This category is for applicants that **DO NOT** hold the National Diploma of Acupuncture Level 7

Study or Training in Acupuncture & Training Chinese Medicine

Name of College / University

Title of
Qualification

Date
Started

Date
Completed

Country of
Qualification

Name of College / University	Title of Qualification	Date Started	Date Completed	Country of Qualification

Address of college / University of training

Length of study (in years)

Number of clinical hours

Total number of hours studied

Related qualifications, memberships and clinical experience

Please list any other related qualifications

List other therapies practiced

Detail of any English language qualification held

State membership of any other Acupuncture / TCM Group

Brief summary of clinical experience since graduation

Declaration of Fitness to Practice

- Have you been found guilty of any criminal offence? YES / NO
- Have you ever been subject to a complaint to the Health & Disability Commissioner? YES / NO
- Have you ever had your right to practice cancelled or been expelled from any other register or professional association? YES / NO
- Have you any case / enquiry pending that could affect your acceptance to join the NZRA? YES / NO
- Do you have any physical or mental incapacity? YES / NO

Declaration: I hereby apply to be admitted as a member of the New Zealand Register of Acupuncturists Inc. I hereby agree to be bound by the documents set out in the compliance form and by such other regulations and enactment's which the Register passes.

I declare on oath that the above and the attachments I have supplied with this form are true and correct in every respect

Signature Date/...../.....