

Application for Membership to Acupuncture NZ



Full, Non-Practising

I wish to apply for:

Full membership Non-Practising membership

Personal details *(all sections must be completed in English)*

Title: Mr Ms Mrs Miss Mx Dr

Family / Surname:

Given / Fore names:

English name / called:

Legal name to appear on AcNZ Certificate:

Gender: Male Female Gender Fluid Non-Binary Other

Date of birth *(dd/mm/yyyy)*:

Place of Birth:

Ethnicity:

Are you a New Zealand Citizen? Yes No

If you answered No, what type of current Visa do you hold:

NZ Permanent Resident

NZ Resident

NZ Working Visa Expiry Date for visa held: _____

Are you currently working? Yes No

Languages other than English spoken: _____

Communications (newsletters and regular updates) from AcNZ are sent via email.

Do you have any disability that requires an alternative means of communication? Yes No

If you answered Yes, what form of communication would suit you best? _____

Registration and Annual Practicing Certificate Status with Chinese Medicine Council of New Zealand (CMCNZ)

I am in the process of registering with the CMCNZ

I have registered and my CMCNZ Registration Number is _____ Date of Registration _____

APC expiry date: _____

Registered Scope of Practice (tick all scopes you are registered in):

Chinese Medicine Practitioner, Acupuncturist

Chinese Herbal Medicine Practitioner

Chinese Massage (Tuina) Practitioner

Chinese Medicine Specialist Details _____

Chinese Medicine Special Purpose Details _____

Acupuncture NZ membership will commence when the CMCNZ application is completed.

All other qualifications, memberships, and clinical experience:

Professional Services Provided:

Please list all other related qualifications:

Are you a member of any other Acupuncture / TCM Organisation? Yes No

If yes, please give the name/s of the other organisation/s:

Insurance

It is a mandatory requirement of membership to Acupuncture New Zealand that you hold Professional Liability and Indemnity Insurance. Choose one of the following:

I already have Professional Liability and Indemnity Insurance and have attached details:

Acupuncture NZ has a group Insurance package for members the details are outlined in:

[Marsh Acupuncture NZ Members Insurance Renewal Report](#)

[Professional Indemnity Insurance Form](#)

I attach the completed Marsh Acupuncture NZ Insurance form:

Declaration of Fitness to Practise

Do you have any criminal convictions not covered by the criminal record [\(Clean slate\) Act 2004](#)? Yes No

Have you ever been the subject of a complaint to the Health and Disability Commissioner? Yes No

Have you ever had an annual practicing certificate suspended or revoked or had your right to practice cancelled? Yes No

Have you ever been expelled from any other Professional Association? Yes No

Do you have any case or pending enquiry against you that may affect your acceptance to join Acupuncture NZ? Yes No

Have you ever been the subject of a notification/complaints process from ACC? Yes No

If you have ticked **Yes** to any of the above questions, please provide all details on a separate page.

Declaration:

I hereby apply to be admitted as a member of Acupuncture NZ (also known as NZ Register of Acupuncturists (Acupuncture NZ) Inc). As a member, I have read and agree to abide by the [Rules](#) and the [Code of Professional Ethics](#) as well as any other regulations and enactments. I have read and understand the [Acupuncture NZ Privacy Statement](#).

I, _____ declare that the information I have provided and
Full legal name
the accompanying documents are true and correct in every respect.

Signature: _____

Date: (dd/mm/yy) _____

Please return this form to Acupuncture NZ at nzra@acupuncture.org.nz along with a certified copy of your photo identification. (Tick which one applies) and your insurance details/form

- Passport.
- New Zealand Driver License.
- New Zealand Student ID.
- Insurance.