

Application for Membership to Acupuncture NZ



Full, Associate and Academic Associate

I wish to apply for:

Full membership ☐ Associate membership ☐ Academic Associate 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? _____

Contact Details

Personal Contact details:

Postcode

Postcode

Mobile phone _____

Email address _____

Clinic Details:

As a full member I agree to have my name, clinic address and phone number on the Acupuncture NZ website:

Yes ☐ No ☐

Clinic Name: _____

Clinic Email (if different from above):

Clinic website:

Postcode:

Postcode:

Clinic Phone: _____

Clinic Phone: _____

Study or Training in Acupuncture and/or Traditional Chinese Medicine:

Name of University / College:

Year started: Year completed:

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

I in the process of registering with the CMCNZ ☐

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. ☐