

# Application for Membership to Acupuncture NZ



# ACUPUNCTURE NZ

The Acupuncture and Chinese Medicine Professionals

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:

Home address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Postal address *(if different from home address)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Home phone \_\_\_\_\_

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: \_\_\_\_\_

Clinic Address 1:

\_\_\_\_\_  
\_\_\_\_\_

Clinic Address 2:

\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Postcode: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

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

Title of highest held qualification:

\_\_\_\_\_

Country of qualification:

\_\_\_\_\_

Name of University / College:

\_\_\_\_\_

Year started:

\_\_\_\_\_

Year completed:

\_\_\_\_\_

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

### Chinese Medicine Council of New Zealand

Registration Number: \_\_\_\_\_ 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 \_\_\_\_\_

### 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](#)

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](mailto: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.