

Study or Training in Acupuncture and/or Traditional Chinese Medicine

Title of qualification (1)

Country of qualification

Name of University / College

Year started:

Year completed:

Number of supervised clinical hours completed (*evidence must be provided*) _____

Title of qualification (2)

Country of qualification

Name of University / College

Year started

Year completed

Number of supervised clinical hours completed (*evidence must be provided*) _____

Title of qualification (3)

Country of qualification

Name of University / College (1)

Year started:

Year completed:

Number of supervised clinical hours completed (*evidence must be provided*) _____

All other qualifications, memberships and clinical experience

Please list any and all other related qualifications

Please list any other therapies practised

What is your first language? (*Please tick*)

English

Chinese

Korean

Japanese

Other

Please give details of any English language qualification/s held (eg IELTS)

Are you a member of any other Acupuncture / TCM Organisation?

Yes

No

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

Please provide a brief summary of clinical experience since graduation

Declaration of Fitness to Practise

Have you ever been found guilty of a criminal offence Yes No

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

Have you ever 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 investigated by ACC? Yes No

If you have answered "yes" to any of the above please provide all details on a separate form. You may be contacted further about this.

Declaration:

I hereby apply to be admitted as a member of Acupuncture NZ (also known as NZ Register of Acupuncturists). As a member, I agree to abide by the Rules and the Code of Professional Ethics as well as any other regulations and enactments. I agree to receive communications from Acupuncture NZ by postal mail and electronically.

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

Signature: _____

Date: (dd/mm/yy) _____