



## Application for Membership

### Full, Associate and Academic Associate

#### Personal details - (all sections must be completed)

Title  Mr  Ms  Mrs

Gender  Male  Female

Family / Surname \_\_\_\_\_

Given / Fore names \_\_\_\_\_

English name / name called by \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of New Zealand Residency \_\_\_\_\_

Date of New Zealand Citizenship \_\_\_\_\_

Type of Visa held \_\_\_\_\_

Date of entry into New Zealand \_\_\_\_\_

Currently Working?  Yes  No

I agree to have my name, clinic phone number & address listed on the NZRTCMP website Yes  No

#### Contact details

##### Home Address

\_\_\_\_\_

\_\_\_\_\_

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

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

Email \_\_\_\_\_

##### Clinic Name

\_\_\_\_\_

##### Clinic Address 1

\_\_\_\_\_

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

Clinic phone \_\_\_\_\_

##### Postal Address (if different from home address)

\_\_\_\_\_

\_\_\_\_\_

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

Mobile phone \_\_\_\_\_

##### Web address

\_\_\_\_\_

##### Clinic Address 2

\_\_\_\_\_

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

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

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

New Zealand Qualification

Overseas Qualification

Name of College /University (1)

Country of Qualification

\_\_\_\_\_

\_\_\_\_\_

Title of Qualification

Year started

Year completed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of College /University (2)

Country of Qualification

\_\_\_\_\_

\_\_\_\_\_

Title of Qualification

Year started

Year completed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

### Related qualifications, memberships and clinical experience

Please list any other related qualifications

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other therapies practiced

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your first language?

English

Chinese

Korean

Japanese

Other \_\_\_\_\_

Please give detail of any English language qualification held (*eg IELTS*)

\_\_\_\_\_

Are you a member of any New Zealand Chinese Medicine Council?

Yes

No

If Yes, Please give your CMC registration Number \_\_\_\_\_

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

Yes

No

If Yes, please give the name of the organization.

---

Please provide a brief summary of clinical experience since graduation

---

---

---

---

### Declaration of Fitness to Practise

Have you been found guilty of any criminal offence?

Yes  No

Have you ever been subject to a complaint to the Health and 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 NZRTCMP?

Yes  No

### Declaration:

I hereby apply to be admitted as a member of the Registration of New Zealand Traditional Chinese Medicine Practitioners Incorporation.

As a member, I agree to abide by the Rules and the Professional Code of Ethics as well as any other regulations and enactments of the Register.

I, \_\_\_\_\_ declare that the information I have provided and the attachments I have supplied with this form are true and correct in every respect.

Signature: \_\_\_\_\_

Date: (dd/mm/yy) \_\_\_\_\_