Application for Membership to Acupuncture NZ

ACUPUNCTURE NZ
The Acupuncture and Chinese Medicine Professionals

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 name / Surname: _____

First name: _____

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:

_____

_____

Postcode: _____

Clinic Phone: _____

Clinic Address 2:

_____

_____

Postcode: _____

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 the Chinese Medicine Council of New Zealand (*CMCNZ*)

I am in the process of registering with the CMCNZ ☐ (Acupuncture NZ membership will commence when the CMCNZ registration is completed)

I am registered with the CMCNZ, and my 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_____

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 partnered with Marsh Insurance to offer an exclusive AcNZ Members Insurance package. The details are outlined in:

Marsh Acupuncture NZ Members Insurance Renewal Report

Acupuncture NZ/Vero Liability Ltd Professional Indemnity Insurance Form

I attach the completed Acupuncture NZ/Vero 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 New Zealand (Acupuncture NZ).

As a member, I have read and agree to abide by the Acupuncture NZ Constitution and the Code of Professional Ethics as well as any other Acupuncture NZ policies and bylaws.

I have read the Acupuncture NZ Privacy Policy.

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 completed Vero/AcNZ Insurance details/form.

- Passport ☐
- New Zealand Driver License ☐
- New Zealand Student ID ☐
- Insurance From ☐