



New Zealand Natural Medicine Association (NZNMA)

Application for Professional Membership

“Working Together for Optimum HealthCare”

- IMPORTANT -

Steps 1 to 10 MUST be read thoroughly and completed where appropriate.
I.e. Written explanation, photo and or photocopies must be supplied.

1. PERSONAL DETAILS

(a)
Surname Given Names

(b) Home Address:
.....

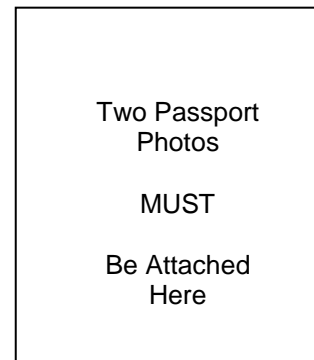
Home Phone..... Mobile

(c) Business Name & Address:
.....

Telephone:

Email address..... Postal Address (b) or (c) Please choose either (b) or (c)

Date of Birth: Country of Birth:..... Marital Status.....



2. MEMBERSHIP REQUIREMENTS

If practicing, what title(s) do you professionally practice under (principal modality) – please tick the relevant boxes:

- | | | |
|---|--|---|
| <input type="checkbox"/> Medical Practitioner | <input type="checkbox"/> Natural Medicine Practitioner | <input type="checkbox"/> Medical Herbalist |
| <input type="checkbox"/> Natural Therapies Practitioner | <input type="checkbox"/> Naturopath | <input type="checkbox"/> Acupuncturist/TCM |
| <input type="checkbox"/> Pharmacist/Biochemist | <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Clinical Nutritionist |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Homeopath | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Osteopath (only if accredited with HPCA) otherwise | | <input type="checkbox"/> Manipulative Therapist |

If OTHER please specify:
.....
.....

3. MEMBERS MUST COMPLY WITH THE FOLLOWING:

(please tick if you comply - you may be asked to produce evidence)

- Local council bylaws / regulations
- Provide professional consulting rooms with membership certification on display
- Code of Ethics and Annual Practicing Certificates on display (these can be provided by NZNMA if required)
- Provide professional waiting room/s
- Provide appropriate advertising material and signs on display to public including fees and services offered

4. ACADEMIC BACKGROUND

(Clear photocopies of all qualifications and related curriculum information (name, description of courses and number of credits for each course) must be enclosed with your application & must be verified as true copies by a justice of the peace – JP or a Notary)

(a) Tertiary Education

(b) Other academic qualifications

(c) Professional Education

(1) College/University Institution (Name, Location and dates of attendance)

.....
.....
.....

(2) Degrees/Diplomas/Certificates and dates obtained

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.....
.....

(3) Subjects/Areas under study and present progress & current research

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.....
.....

* IF INSUFFICIENT SPACE PLEASE ATTACH ON SEPARATE PAPER

5. PROFESSIONAL PRACTICE DATA

a) PRACTICE STATUS

(1) Full Time Part time

(2) Is the practice your primary source of income? YES NO

(3) If the answer to 5 (a) part (2) is NO – please indicate your primary source of income.....

.....

(4) Total number of hours in practice per week

(5) Date when first commenced practicing

b) MODALITIES UTILISED IN CURRENT PRACTICE

Nutritional Therapy Homeopathy Herbalism Acupuncture Other

See item 2

If you have ticked 'others' – please specify

c) DIAGNOSTIC METHODS USED

Symptomatology Differential Diagnosis Physiognomy Eye Diagnosis Blood
 Urine Saliva EAV / Electronic Questionnaire Other

If you have ticked "Other" – please specify

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.....
.....

6. MEMBERSHIP CATEGORIES

Application for membership of the Association will be received by the Executive and accepted conditional to the applicant adhering to the Articles of Incorporation and fulfilling the following criteria.

- a) That he/she is considered by the Executive to be a fit and proper person to be a member of the Association.
- b) Meet the requirements of at least one of the following membership categories.

Please Note: If your qualifications were not gained in New Zealand the NZNMA Registrar may request further assessment (for example NZQA), in regard to any overseas qualification, for its New Zealand equivalent. If further assessment is required, this would need to be undertaken at your expense.

FULL MEMBERSHIP may be granted to the applicant providing that he/she has undertaken recognised courses of training or their considered equivalent in:

{i} Health Sciences involving Anatomy, Physiology, Biochemistry and Nutrition and

{ii} A recognised Practice Modality and

{iii} Recognised Diagnostic Techniques and has received a recognised degree, diploma or academic award confirming the successful completion of the said courses and

{iv} Has been in **full time** clinical practice, in the modalities you are wanting to be registered in, for a *minimum* of five years

or

{iv} He/she passes an examination set by the academic authority appointed by the Executive and satisfies the Executive that he/she is competent to practice as a member of the Association.

{v} He/she is a practicing health professional, registered by a statutory board and considered by the Executive to be within an appropriate field of practice.

Please Note: Only applicants who are New Zealand residents and in active practice in New Zealand can be listed in the NZNMA register as being in ACTIVE PRACTICE. Overseas applicants who comply with the minimum requirements for NZNMA membership will be listed as members who are not in ACTIVE PRACTICE in New Zealand

GRANDFATHER PROVISIONS – Applicants seeking Full Membership without all of the required academic qualifications may apply for a “Grandfather Entry” : which will take into account the number of years the practitioner has been in full time practice and the experience that this has afforded him/her. For further details see step 7 and the enclosed standards to which it refers.

- (1) **ASSOCIATE MEMBERSHIP.** This is open to someone who is a natural health practitioner, acceptable to the society. The new member must hold a minimum of a single diploma level qualification. This category is open to new graduates and who meets the requirements of step 6 (b).
- (2) **STUDENT MEMBERSHIP** may be granted providing:
 - {1} He/she is enrolled in a course of study in Health Sciences, at an approved teaching establishment or other establishment approved by the association.
- (3) **HONORARY MEMBERSHIP** may be granted by the discretion of the Executive and is applicable for the life of the recipient and is only granted under exceptional circumstances or in recognition of services rendered to the Health Professions over an extended time frame. This category is open to persons who hold any Masters Degree or Doctorate issued from a recognised University, Academy, School or Institute not necessarily being in subjects of Natural Health Sciences. A person may be admitted to honorary membership without accreditation as a Natural Health Practitioner. No applications are received for this category, recipients are selected on merit only. A limited number of 10 Honorary Members are permitted at any one time.

7. ENTRY STANDARDS

Entry standards for the NZNMA are constantly being upgraded to keep pace with the growing professionalism being developed within the health sector. The NZNMA Executive uses as a guide a system of accrediting each applicant with both NZNMA Educational and NZNMA Experience Units.

The Executive stress that the enclosed entry criteria can change at any time without notice and is provided as a guide only to applicants to assess their eligibility. The final decision rests with the NZNMA Executive of the Association who reserve the right to treat each application individually without being restricted or bound by these guidelines.

8. INSURANCE

In the event of your successful application to full or associate membership it will be required that you be covered by Professional Indemnity Insurance

If you are already covered, please state (Chartered Practitioners are covered by the HPNZ insurer): Chartered

Name of InsurerPolicy No (or Charter Membership #)

Amount of coverExpiry Date.....Are you covered for public liability YES NO

Once you become a financial member of the NZNMA, you can then apply for a "green form". This is the application form to become a member of the Natural Health Practitioners of New Zealand. Once you are accepted as a member of the charter, you will then receive insurance cover, to practice in the modalities you are registered in.

9. APPLICATION AND PROCESSING FEE Please forward you application and payment of \$50 to Dr Jacques Imbeau, Registrar NZNMA, 100 Bush Road, Building 3, Unit I, Rosedale, Auckland 0632

There is a non-refundable application fee of \$50.00 which MUST accompany this application by cheque only please. **Payments to be made out to NZNMA.** THIS FIFTY DOLLAR APPLICATION FEE IS ALL THAT IS REQUIRED TO BE SENT AT THIS TIME.

Your membership fee as detailed below will only be due upon you receiving our advice that your application has been successful. Yearly invoices are sent out between March and June.

Please tick the membership category for which you wish to apply.

- Full Professional Member \$100.00
- Associate Member \$75.00
- Student Member (no voting rights at AGM) \$50.00

10. DECLARATION: I SOLEMNLY AND SINCERELY DECLARE THAT:

- {1} I am the person named and shown in the documents accompanying this application.
- {2} Documentary evidence of my educational and professional qualifications submitted with this application remain current at the date here of and no action is pending in respect thereto.
- {3} I agree to be bound and abide by the rules and regulation established by the Executive Committee of the NZNMA.
- {4} I acknowledge that the Executive Committee of the NZNMA may in it's absolute discretion grant or refuse membership for any or all disciplines applied for, or withhold, suspend or withdraw membership in general or in respect of any disciplines without assigning any reason therefore.
- {5} I confirm that this application is submitted with full knowledge and consent that in the event of membership being refused the application fee is non refundable.

I MAKE THIS SOLEMN DECLARATION, CONSCIOUSLY BELIEVING SAME TO BE TRUE AND BY VIRTUE OF THE PROVISION OF THE "OATHS AND DECLARATIONS ACT 1957".

SUBSCRIBED AND DECLARED AT

..... This day of20.....
Location

..... before me.....
Applicants signature Justice of the Peace Signature

J.P. Name Telephone No:

Address

OFFICIAL USE ONLY			
PASSPORT PHOTOS	INSURANCE	OTHER	
CERTIFIED COPIES (certs,dips etc)	APPLICATION FEE		
PRACTICE VERIFICATION	DECLARATION SIGNED		
DATE GRANTED MEMBERSHIP & CATEGORY:			
IF REFUSED CODE & CATEGORY:			