



Application Form for New Zealand Qualified Applicants Applying for Registration with NZASA (Inc)

Please read the Application Guidance notes for NZ Qualified Applicants before completing this application.

A. Application Process

1. Once your application form with all the required supporting documents and the non-refundable registration fee is received the NZASA Registrar will process your application.
2. The Registrar will then contact you regarding the Clinic Inspection and Professional Visit (CI&PV). The fee for this visit will need to be paid to NZASA prior to this visit.
3. When the CI&PV is completed and approved, you will then need to pay your Annual Practicing Certificate (APC) Fee. If you are applying part way through the registration year, the APC fee will be pro-rated. The Registrar will inform you of the correct APC fee to pay; on receipt you will be issued with your Annual Practicing Certificate.

B. Application Fee

- The standard application fee is **\$86.25** inc gst. The application fee is non-refundable.
- No application fee for new graduates applying within 12 months of graduation.
- Please pay via online banking into the following account:
Account Name: **NZASA Inc**
Account Number: **38-9001-0902867-00**
Please provide your name as a reference.
- **Do NOT send cash.**

C. Compiling and Sending your Application

Please ensure that all sections of this form are completed. Include all relevant documents. **Incomplete** applications will **delay** your application.

Completing the form:

- Read the relevant instructions as you work your way through the form.
- Refer to the Application guidance notes for further information.
- Use a pen and answer ALL relevant questions on the application form.
- Print your answers in **ENGLISH**.
- KEEP A COPY of your application form for your records.

Additional sheets (if required)

- Attach additional sheets as required to complete your answers. Write and sign your name on each additional sheet and attach securely to the application form.

Supporting documents

- The Registrar only accepts **photocopies** of **documents** that have been correctly **certified** (refer to the Application guidance notes for certification requirements). DO NOT send originals. The format of documents can encompass **physical** copies as well as **digital** formats, such as PDF files, photo scans, etc.
- Use the **checklist** to ensure you have included all the required documents. List the items that you are attaching to your application, including additional sheets/copies of supporting documents and certified translations.

Please email, post or drop off your application to:

NZASA
Registrar
Rm 112, Level 1,
321B Great South Road,
Ellerslie,
Auckland 1051
New Zealand

If you have any further questions, please contact the Registrar at nzasainc@xtra.co.nz

Application Form for New Zealand Qualified Applicants for Registered Membership to NZASA

1. Personal Details

Title: Miss Ms. Mrs Mr Dr None

Family/surname:

Given/forenames:

Any Previous Names:

If application successful, what name would you like to appear on your Annual Practicing Certificate?

Nationality:

Date of Birth:

Home address:

Telephone:

Mobile:

Email:

Postal address (if different from home address):

2. What languages are you proficient in?

3. Eligibility to Work in New Zealand (tick one)

New Zealand Permanent Resident or New Zealand Citizen

Residency or valid working visa for New Zealand

Certified copy required

4. Clinic Details

Practice name and address: *(if more than one clinic, please write details on a separate page)*

Telephone:

Mobile:

Email:

If your application is successful, which address would you like to appear on your Annual Practising Certificate (home, postal or clinic?)

Home

Postal

Clinic

5. Training Details

List all Qualifications and Courses (all prior training).

Give details of the Institutions/Education providers which awarded the qualification/s (contact details, names, telephone and address details). Use additional pages if required.

Please attach certified copies of qualifications and academic transcripts for all acupuncture, Chinese medicine and professional health care qualifications held.

6. Current and Previous Registrations and Memberships held

List details of any membership or registration you have held previously or currently hold with a Regulatory or Registering Authority or Professional Body in New Zealand or overseas: (e.g. **Chinese Medicine Council of New Zealand (CMCNZ)**, AcNZ, NZCMAS, NZTCMP, BAAC, Nursing Council of New Zealand, Physiotherapy Board of New Zealand, Midwifery Council of New Zealand etc). Provide your registration number as applicable.

7. Work experience

Please attach your curriculum vitae (CV) detailing your full work history.

8. Insurance

Do you have professional liability and indemnity insurance? If so, please give details here:

If not, do you require an introduction to the provider of the NZASA negotiated professional liability and indemnity insurance scheme?

Yes No

9. Recency of practice

A. I am a new graduate

I graduated in(insert year) and am about to commence health practice for the first time.

B. I am an existing practitioner

Recency of practice means that you have been in practice within the past five years. Have you had sufficient practice experience in the last five years to maintain your competence for registration?

Yes

Please provide details of any practice, training, or other experience you have had in the last five years that is relevant to your practice of Chinese medicine. Use additional pages if required. Proof of prior registration is also required if held as per point 6 above.

No

If you have not had sufficient experience in the practice of Chinese medicine in the last five years (e.g. you are no longer seeing patients, or have not attended any training) please submit a proposed training plan appropriate to your situation with this application.

10. Mandatory Declaration

While respecting and maintaining practitioner confidentiality NZASA requires the information below to be kept on file for all members.

Fitness to practise:

In order to protect the health and safety of the New Zealand public the Registration Board must establish that you are fit for registration. Please answer all the following questions and where necessary provide relevant information.

A. Do you have any emotional, psychological or physical illness or disability which may impair your ability to practice acupuncture or any other health profession?

Yes No

*If you answer **Yes**, please provide written details and attach a certified copy of any document(s) that you wish the NZASA Registration Board to take into consideration.*

B. Are you dependent on alcohol or drugs (prescribed or non-prescribed) which may impair your ability to practice acupuncture or any other health profession?

Yes No

*If you answer **Yes**, please provide written details and attach a certified copy of any document(s) that you wish the NZASA Registration Board to take into consideration.*

C. Police Investigation

Are you aware of any police investigation pending or proceeding against you in New Zealand or elsewhere?

Yes No

D. Criminal convictions

Have ever been convicted or found guilty of any criminal offence in New Zealand or any other country?

Yes No

Please refer to the Application Guidance notes for further information on Criminal conviction records.

*If you answered **Yes**, please provide written details and attach a certified copy of any further relevant documents that you wish the NZASA Registration Board to take into consideration.*

E. Claims for medical negligence

Have you ever been the subject of ANY claim for damages or other compensation for alleged negligence in the course of providing any health care services which has resulted in a court award for damages?

Yes No

If yes, please provide written details and attach a certified copy of any document(s) that you wish the NZASA Registration Board to take into consideration.

F. Professional Conduct

(i) Are you now, or have you ever been, subject to any disciplinary proceedings against you by any acupuncture, professional register or other healthcare professional register or association, any teaching institution or government authority, in New Zealand or another country? (This includes issues raised with the Health and Disability Commissioner's Office in New Zealand or any regulatory authority in another country.)

Yes No

*If you answer **Yes**, please provide written details and attach a certified copy of any document(s) that you wish the NZASA Registration Board to take into consideration.*

(ii) Are you now or have you ever been subject to a condition or restriction imposed on your practice (including supervision requirements), or a disciplinary order made against you, by a regulatory authority, registering body or similar body in any country?

Yes No

*If you answer **Yes**, please provide written details and attach a certified copy of any document(s) that you wish the NZASA Registration Board to take into consideration.*

(iii) Has any registration you have held, in New Zealand or any other country, been suspended, withdrawn, revoked, cancelled and/or removed for any reason?

Yes No

*If you answer **Yes**, please provide written details and attach a certified copy of any document(s) that you wish the NZASA Registration Board to take into consideration.*

G. Previous memberships

Do we have your permission to contact your previous professional body as part of the NZASA application process?

Yes No

11. Declaration

I solemnly and sincerely declare that:

1. All of the information provided with this application is true and correct.
2. I will provide the NZASA Registration Board with any such further information as it may require.
3. do not have a mental or physical condition that precludes me functioning as a safe and competent practitioner.
4. I know of no information that could cause the NZASA Registration Board not to be satisfied that I am a fit and competent person to be registered.
5. I understand that making a false declaration will affect my application.

Name:

Signature:

Date:

12. CHECKLIST

Use this checklist to ensure you have included ALL the information and documentation the Registrar requires to process your application. Failure to do so will mean delays and/or your application being returned to you. Please tick all the boxes that apply to your application.

- I have completed every section of the Application Form.
- I have answered all of the mandatory declaration questions.
- I have provided additional explanatory information as required. *This is only required if you have answered YES to any of the mandatory declaration questions.*
- I have read and understood the declaration and have signed and dated the Application Form.

Application Fee

Select one of the following:

- Online banking to Kiwi bank, NZASA Inc, 38-9001-0902867-00. Using my **name** as the **reference**.
- A cheque or money order in NZ dollars made payable to the 'NZ Acupuncture Standards Authority Inc'.

Mandatory Documents

I have included the following mandatory documents (refer to the Application Guidance notes for certification requirements):

- A certified** copy of proof of Identity (certified personal details page of my current **passport** or **birth certificate**).
- A certified** passport-sized, colour photograph of myself. The photograph must be no more than six months old when received by the NZASA Registrar.
- A certified** copy of evidence of change of name (if applicable).
- Certified** copies of all qualifications held.
- Certified** copies of academic transcripts for all qualifications held.
- An up-to-date curriculum vitae (CV) providing a detailed summary of my full work history.
- A copy of my current NZ first aid certificate.
- A copy of my criminal conviction record issued by the Ministry of Justice. (In PDF format or **certified** physical copy. Note: This must be dated **within six months** when received by the NZASA Registrar).

