



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

A. Who should use this form?

1. Your qualification/s were **approved** by **CMCNZ** and have **successfully registered** with **CMCNZ**.
2. You have had your qualification/s assessed and recognised by the New Zealand Qualifications Authority (**NZQA**) to be at **Level 7** or above. **Do not apply until** you have first **completed** the **NZQA process**.

B. Application Process

There are additional steps in the Application process if you hold overseas qualifications. Please refer to the Application Guidance notes for the steps relevant to your situation.

C. Fees Payable

- The standard application fee is **\$86.25** inc gst. The application fee is **non-refundable**.
- All fees and charges are detailed on the NZASA website under the "Join Us" section.
- **All fees**, except Annual Practicing Certificate (APC) fee should be paid to NZASA:
 - Account Name: **NZASA Inc**
 - Account Number: **38-9001-0902867-00**
 - **Please provide your name and NZASA membership no. (if applicable) as a reference.**
- The **Annual Practicing Certificate (APC) fee** should be paid to **ACMANZ**:
 - Account Name: **ACMANZ**
 - Account Number: **12-3678-0011647-01**
 - **Please provide your name and NZASA membership no. as a reference.**

D. 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.

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 provided **checklist** to ensure all required documents are included. This includes any additional information, supporting documents, and certified translations.

Application Requirements:

1. **Registration:** All applicants, including those with overseas qualifications or overseas Chinese Medicine practitioners, must be registered with the Chinese Medicine Council of New Zealand (CMCNZ) and hold a current CMCNZ Annual Practicing Certificate (APC).
2. **Insurance:** All applicants must possess Professional Indemnity Insurance.
3. **Application Fee:** All applicants, except new graduates (within 12 months of graduation) from New Zealand institutions, must pay a non-refundable application fee.
4. **Re-registration:** Re-register with NZASA will be charged to an administration fee. Proof of prior registration and evidence of ongoing education (CPD) will be required.
5. **Compliance:** All applicants must agree to adhere to the Rules, Professional Code of Ethics, and requirements of NZASA.

Please email, post or drop off your application to:

NZASA Administrative Team
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 Overseas Qualified Applicants for Registered Membership to NZASA

1. Personal Details

Title: Miss Ms. Mrs Mr Dr None

Family/surname:

Given/forenames:

Any Previous Names:

Nationality:

Date of Birth:

Phone Number:

Email Address:

Home address:

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)*

Phone Number:

Email:

If your application is successful, which address would you like to appear on your Annual Practicing Certificate: Clinic Home Postal

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.)*. For each membership or registration, please provide your registration number where applicable.

Chinese Medicine Council of New Zealand (CMCNZ) Registration Number:

(Ensure to include your current CMCNZ Annual Practicing Certificate with your application form.)

Other Memberships:

7. Work experience

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

8. Indemnity insurance

Please provide details of your professional liability and indemnity insurance 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

*If you answer **Yes**, please provide a signed reflective statement describing the incident(s); and a certified copy of each of the relevant reports, summons, findings, decisions, orders and any other documents you would like the NZASA Registration Board to take into consideration.*

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. You are not required to disclose any convictions covered by the Criminal Records (Clean Slate) Act 2004.

*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 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.*

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. I 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

- Online banking to Kiwi bank, NZASA Inc, 38-9001-0902867-00. Using my **name** as the **reference**.

Mandatory Documents

Please included the following mandatory documents (**Certified** documents must be dated within **six months** of their receipt by the NZASA Administrative team).:

- A **certified** copy of proof of Identity (certified personal details page of my current **passport** or **NZ driver's license** or **NZ birth certificate**).
- A **certified** copy of evidence of change of name (if applicable).
- The registration certificate and the current Annual Practicing Certificate (APC) from CMCNZ.
- Certified** copies of all qualifications held (if applicable).
- Certified** copies of academic transcripts for all qualifications held (if applicable).
- A copy of the NZQA assessment of qualifications certificate (if applicable).
- 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** of their receipt by the NZASA Registrar)
- A **certified** copy of my overseas criminal conviction record/s (or its equivalent) issued by the relevant police authority in every other country I have lived in outside of New Zealand for 12 months or more in the last 10 years attached (except where I was aged 17 or younger while I was living there). (if applicable)
Note: A **certified English translation** is necessary if the documents are not in English.

