



· Since 1973 ·

AACMA

APPLICATION # ____/____

ID # _____

APPLICATION FOR MEMBERSHIP

This form is intended for practitioners and others who have qualified to practise. Students who have not yet qualified should complete the Application for Student Membership form.

PERSONAL DETAILS		
TITLE Prof Dr Mr Ms Mrs Miss Other	FAMILY NAME	GIVEN NAMES
POSTAL ADDRESS (Incl State & Postcode)		
HOME ADDRESS (Incl State & Postcode)		
HOME PHONE	FAX	MOBILE
DATE OF BIRTH dd/mm/yyyy	PLACE OF BIRTH (Town and Country)	
EMAIL ADDRESS		
CITIZEN/ PERMANENT RESIDENT OF <input type="checkbox"/> Australia OR <input type="checkbox"/> Other (please state)		
NAME, AS YOU WOULD LIKE IT TO APPEAR ON CERTIFICATES (No titles or business names)		
PRACTICE DETAILS		
CLINIC 1 ADDRESS (Incl State & Postcode)		
CLINIC PHONE	FAX	WEBSITE
CLINIC 2 ADDRESS (Incl State & Postcode)		
CLINIC PHONE	FAX	WEBSITE
CLINIC 3 ADDRESS (Incl State & Postcode)		
CLINIC PHONE	FAX	WEBSITE
OTHER DETAILS		
ENGLISH LANGUAGE PROFICIENCY My first language is <input type="checkbox"/> English OR <input type="checkbox"/> a language other than English, please specify _____		
If your first language is a language other than English, please complete → My English language proficiency level is _____ Attach a certified copy of any English language proficiency tests e.g. IELTS or ASLPR tests.		
ETHICAL PRACTICE (You must complete this section)		
<input type="checkbox"/> I HAVE NOT been deregistered or suspended by a health professions registration board and I HAVE NOT been suspended or expelled from a professional association for breach of the Code of Ethics or the Constitution/Rules of the Association.		
<input type="checkbox"/> I HAVE been deregistered or suspended by a health professions registration board OR I HAVE been suspended or expelled from a professional association for breach of the Code of Ethics or the Constitution/Rules of the Association.. Please provide details on an attached sheet.		

Signature of applicant

Date signed (DD/MM/YYYY)

PRACTICE EXPERIENCE

I have practised or completed my studies within the last 2 years. YES NO – when were you last in clinical practice?

ACCREDITATION	
I am requesting accreditation in the following TCM practice modalities	<input type="checkbox"/> Acupuncture <input type="checkbox"/> Chinese herbal medicine <input type="checkbox"/> TCM remedial massage (Tuina) (minimum qualification is Diploma of TCM remedial massage) <input type="checkbox"/> Chinese herbal dispensing

TYPE OF MEMBERSHIP	
I am requesting membership in the following membership category	<input type="checkbox"/> Member (full accreditation) <input type="checkbox"/> Provisional Member (accreditation with minor conditions) <input type="checkbox"/> Conditional Provisional Member (conditional accreditation – limited health funds) <input type="checkbox"/> Associate Member (managed pathway - non-accredited) <input type="checkbox"/> Non-Practising Member (full accreditation, but not in practice))
Refer to the membership information sheet for explanation.	

QUALIFICATIONS			
List your primary acupuncture/herbal medicine qualification(s) and any other health-related qualifications here. For additional qualifications, please list on an attachment			
Year of Award	Title of award issued (in full)	Name of Institute	Country (if other than Australia)

FIRST AID CERTIFICATE
<input type="checkbox"/> I have a current senior first aid certificate or an equivalent workplace first aid certificate. Attach certified copies of the relevant certificate.

DOCUMENTATION TO BE ATTACHED
<p>For all applicants:</p> <input type="checkbox"/> Certified copy of award (if you are a new graduate and have not yet been issued the award, attach a statement of course completion as issued by your institution's Student Administration). <input type="checkbox"/> Certified copy of academic transcript. <input type="checkbox"/> Your current first aid certificate.
<p>For overseas-trained applicants:</p> <input type="checkbox"/> Certified copy of any awards, certificates of graduation, statements of course completion, statements of attainment and academic records in relation to the qualifications listed above in the original language in which the course was studied. <input type="checkbox"/> Certified copy of an authorised English translation of the above documents (if the original language of course delivery was not English). <input type="checkbox"/> Certified copy of any notarised documents issued by the authorities in the country where the course undertaken. <input type="checkbox"/> Assessment of the qualification for equivalence to an Australian qualification (issued by <i>vetassess</i> or an overseas qualifications unit). <input type="checkbox"/> For Chinese qualifications, the qualification must be validated as genuine by <i>vetassess</i> and the validation certificate sent directly to AACMA.

SIGNATURE SECTION				
<p>I declare that the information in this application and supporting documentation is true and correct. I agree to abide by the Constitution of AACMA, Code of Conduct, AACMA policies and guidelines and to provide the highest professional conduct in all aspects of my practice.</p> <p>I authorise AACMA to make such enquiries as it deems relevant about the information/documents supplied with my application from third parties, including but not limited to institution(s) or organisations listed on this form or in attached documents, third party payers for clinical services, statutory registration boards and other bodies or persons who may have information relevant to this application.</p> <p>I also authorise AACMA to delegate assessment of this application to a third party authorised by AACMA to assess applications for membership on behalf of AACMA.</p>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Signature</td> <td style="width: 50%; border-bottom: 1px solid black;">Date signed</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Nominated by (optional)*</td> <td style="border-bottom: 1px solid black;">Member Number</td> </tr> </table>	Signature	Date signed	Nominated by (optional)*	Member Number
Signature	Date signed			
Nominated by (optional)*	Member Number			

PAYMENT DETAILS
<p>Application Fee: \$88.00 (waived for current Student Members) First Year Membership Fee: \$550.00 OR New Graduate: \$120.00</p> <p>Application Fee: \$ _____ + Membership Fee: \$ _____ = AMOUNT PAYABLE: \$ _____</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card Number _____/_____/_____/_____ Expiry Date ____/____</p> <p>Name on Card _____ Cardholder's Signature _____</p>