

# NZAHT Inc

## Application for Registered Membership

Date of Application \_\_\_\_\_

Membership No \_\_\_\_\_

Date Received \_\_\_\_\_

### 1. Personal Details

Name - Dr / Mr / Mrs / Miss / Ms \_\_\_\_\_

Work Address \_\_\_\_\_

Home Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Fax (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email \_\_\_\_\_

Mobile \_\_\_\_\_

Name of Supervisor (if applicable) \_\_\_\_\_

Preferred Mailing Address    home         work

### 2. Education *(Any New Qualifications and Year received since Associate Application)*

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### 3. Entry Requirements

**I am applying via Pathway 1**

As for an Associate member, plus:

1. Evidence of 1,800 work hours in the treatment of a variety of hand and upper limb conditions accumulated within the last 3 year period. Conditions involving the forearm and hand should comprise a minimum of 70% of the case log.
2. A written case presentation (as per guidelines)
3. Completed a NZAHT Inc. approved Hand Therapy Training Program. The currently approved training programme is the Hand and Upper Limb Module (HAUL), 40 credits, run through the Auckland University of Technology, (AUT)
4. Completion of an approved static and dynamic splinting course.
5. A letter of recommendation of a New Zealand Registered Hand Therapist or Hand Surgeon

**I am applying via Pathway 2**

As for an Associate member, plus:

1. Current membership of an overseas Hand Therapy Association with equivalent entry requirement as the NZAHT Inc or Certified Hand Therapist Qualification (CHT).
2. Supporting evidence and CV.
3. A letter of recommendation of a New Zealand Registered Hand Therapist or Hand Surgeon.

**I am applying via Pathway 3**

As for an Associate member, plus:

1. Evidence of 1,800 work hours in the treatment of a variety of hand and upper limb conditions accumulated within the last 3 year period. Conditions involving the forearm and hand should comprise a minimum of 70% of the case log.
2. Completed a NZAHT Inc approved Hand Therapy Training Program. The currently approved training programme is the Hand and Upper Limb Module (HAUL), 40 credits, run through the Auckland University of Technology, (AUT), and an additional approved 20 credit paper (post graduate level), relevant to hand therapy practice.
3. Completion of an approved static and dynamic splinting course.
4. Documentation/ evidence of regular formal supervision.
5. Evidence of peer reviews (2x) by and independent New Zealand Registered Hand Therapist who does not work in the same work organization as you or your supervisor.
6. A letter of recommendation of a New Zealand Registered Hand Therapist or Hand Surgeon

## 4. Hours

Outline the number of hours you have worked in **hand and upper limb rehabilitation**. There must be a minimum of **1800 hours in hand and upper limb rehabilitation accumulated within the last 3 year period**. **70% of these hours should comprise conditions involving the hand and forearm**. This should be reflected in the case log.

Also note, that these hours must be actual clinical hands on time and any time relating directly to patient management (e.g. writing notes/letters, phone discussions), and not administrative time or total hours that you spend at your workplace.

**A letter must accompany this application to verify the clinical hours stated are correct.** This can be written by your Supervisor, Head of Department or Employer. In the case of an isolated practitioner the provision of a case log as required for the NZAHT Supervision Contract will assist the supervisor in verifying the hours to be correct.

**Please attach letter(s) verifying details of the following:**

<u>Employer</u>	<u>Type of Work</u>	<u>Period Employed</u>	<u>Hand Hours</u>
<i>e.g. Nelson Hospital</i>	<i>Rheumatology</i>	<i>Jan 95-Dec 97</i>	<i>400</i>

## 5. Case Log

Please summarise your case log above, by giving the total number of patients seen under each condition during this three month period of time. Each patient should be entered under only one category.

<b>Condition</b>	<b>New Patients</b>	<b>Condition</b>	<b>New Patients</b>
Nerve Injuries		Burns	
Fractures		Tenolysis	
Joint Injuries		Neurolysis	
Tendon Repairs		Upper Limb Pain Syndrome	
Tendon Transfers		Shoulder Injuries	
Crush Injuries		Repetition Injuries	
Multiple injury (e.g. +/- tendon/nerve/#/joint)		Carpal Tunnel Syndrome	
Replantations		Wrist Injuries	
Joint Replacements		Elbow Injuries	
Dupuytren's Contracture		RA/QA	

Amputations		Other (please specify)	
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## 6. Clinical Case Study

Applicants must submit an in depth case study (1,500 words minimum) of a hand/upper limb patient that they have treated for a minimum of 2 months within the past 12 months. The case **must** reflect multiple system involvement of the hand and upper extremity.

The case study should include:

- the reason you chose the particular patient
- start date of case study
- outline of injury sustained
- initial assessment findings (including pertinent medical, social, vocational history)
- treatment goals including timeframes
- treatment intervention including progress reviews and progressions
- theoretical rationales for treatment techniques based on review of the literature
- treatment outcome including prognosis to return to previous lifestyle
- appropriate and relevant references cited

A complete guideline for case study presentation can be obtained from the NZAHT website.

## 7. Logbook

Please submit your logbook for continuing education points for your residual associate membership to date. Refer to the Schedule of Points available on the NZAHT website.

## 8. Checklist

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| <i>Attach copy of exam results/results AUT HAUL module</i>       | <input type="checkbox"/>                            |
| <i>Attach verification of new qualifications</i>                 | <input type="checkbox"/>                            |
| <i>Attach letter(s) verifying details of hours</i>               | <input type="checkbox"/>                            |
| <i>Case log details completed</i>                                | <input type="checkbox"/>                            |
| <i>Attach Clinical Case Study</i>                                | <input type="checkbox"/>                            |
| <i>Attach Logbook with verification certificates</i>             | <input type="checkbox"/>                            |
| <i>Attach copies of membership to NZSP/NZAOT + APC</i>           | <input type="checkbox"/> (If not already submitted) |
| <i>Attach text for register</i>                                  | <input type="checkbox"/>                            |
| <i>Attach evidence of 20 credit postgraduate paper</i>           | <input type="checkbox"/>                            |
| <i>Attach letter of recommendation of NZ RHT or Hand Surgeon</i> | <input type="checkbox"/>                            |
| <i>Attach evidence of static and dynamic splinting course</i>    | <input type="checkbox"/>                            |

(NB if any of the above is not enclosed, please indicate why and when they will be sent)

**Please return all completed requirements at one time to:**

**Marlene Pouri-Lane  
Administrative Officer  
NZAHT Inc**

**41 Boundary Road  
Hamilton**

Any queries Ph (07) 854 8949 or email [mpourilane@xtra.co.nz](mailto:mpourilane@xtra.co.nz)