

NZAHT Inc

Application for Registered Membership

Date of Application _____

1. Personal Details

Name - Dr / Mr / Mrs / Miss / Ms _____

Work Address _____

Home Address _____

Phone (home) _____ (work) _____

Fax (home) _____ (work) _____

Email _____

Name of Supervisor (if applicable) _____

Preferred Mailing Address home work

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

3. Exemption from Hand Therapy Training Programme

I wish to apply for an exemption by the following route (tick box):

Member of overseas Hand Therapy Association Submit name, evidence of current membership, and a copy of entry criteria of this association, for review by the Training Programme Coordinator and Executive.

Previous qualifications Must be supported with documentation outlining courses and/or qualifications that you have gained. An outline of course content is required so that the Training Programme Coordinator and Executive can assess if it meets the same objectives as those set out for the Hand Therapy Training Program.

NB if an exemption is granted by either route, there is still a requirement to sit and pass the Completion Exam.

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.

Condition	New Patients	Condition	New Patients
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)	

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 Case Study Coordinator Caroline Durney cdurney(@xtra.co.nz or phone 09 473 0632.

7. Logbook

Please submit your logbook for continuing education points for your residual associate membership to date.

If you have completed the Hand Therapy Training program and wish to transfer total points from this (modules + exam) to your first 2 years of Registered Membership, please indicate this on your logbook. If this is the case, you must have sufficient other points for that part of your 2 years as an associate member.

8. Checklist

- | | |
|--|---|
| <i>Attach copy of exam results</i> | <input type="checkbox"/> |
| <i>Attach verification of new qualifications</i> | <input type="checkbox"/> |
| <i>Attach ALL information for exemption application</i> | <input type="checkbox"/> (If applicable) |
| <i>Attach verification of training program exam result</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"/> |

(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 Officers, NZAHT Inc
41 Boundary Road
Hamilton**

Any queries Ph (07) 854 8949 or Email mpourilane@xtra.co.nz