

**NZAHT Inc**  
**Application for Registered Membership**  
**Pathway 3: Additional Post-Graduate Paper**

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

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

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

**1. Personal Details**

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

Work Address \_\_\_\_\_ Post code \_\_\_\_\_

Home Address \_\_\_\_\_ Post code \_\_\_\_\_

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

Email \_\_\_\_\_

Mobile \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Preferred Mailing Address      home       work

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

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**3. Supervision**

Evidence and documentation of regular formal supervision by a New Zealand Registered Hand Therapist.

## 5. Peer Review

Evidence of 2 x peer reviews by an independent New Zealand Registered Hand Therapist who does not work in the same organisation as you or your supervisor.

## 6. Hours

Outline the number of clinical 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>Clinical Hand Hours</u> |
|-----------------------------|---------------------|--------------------------|----------------------------|
| <i>e.g. Nelson Hospital</i> | <i>Rheumatology</i> | <i>Jan 2010-Dec 2011</i> | <i>400</i>                 |
| _____                       | _____               | _____                    | _____                      |
| _____                       | _____               | _____                    | _____                      |
| _____                       | _____               | _____                    | _____                      |
| _____                       | _____               | _____                    | _____                      |
| _____                       | _____               | _____                    | _____                      |

## 7. 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)   |              |

## 8. 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.

## 9. Checklist

- Attach copy of exam results/results AUT HAUL module
- Attach verification of new qualifications
- Attach verification of relevant 15/20 point paper
- Documentation of regular supervision
- Evidence of 2 x peer reviews
- Attach letter(s) verifying details of 1800 clinical hours
- Case log details completed
- Attach Logbook with verification certificates
- Attach copies of membership to NZSP/NZA0T + APC
- Attach text for register
- Attach letter of recommendation of NZ RHT or Hand Surgeon
- Attach evidence of static and dynamic splinting course

(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 3214**

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