



HAND THERAPY NEW ZEALAND

Ringaromi Aotearoa

PATHWAY 3 (ADDITIONAL PAPER) REGISTERED MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Title:	Name:	Date of Birth:
Home address:		
City:		Post Code:
Work address:		
City:		Post Code:
Phone Number (Home):	Phone Number (Work):	Phone Number (Mobile):
Preferred E-mail:		

EDUCATION INFORMATION

Professional Qualification:	Year of Professional Qualification:
Post Graduate Qualification (attach evidence):	

BOARD & PARENT BODY DECLARATION

I hold a current Annual Practicing Certificate with (please tick) NZ Physio Board NZ OT Board

I am a current member of (please tick): Physiotherapy New Zealand (PNZ) Occupational Therapy New Zealand (OTNZ)

CRITERIA CHECK LIST WITH EVIDENCE

I have attached evidence of

- AUT HAUL paper successful completion within the last 5 years. (currently: 45 credits, Hand & Upper Limb Module)
- Evidence of HTNZ approved additional post graduate level paper. (15 credits)
Relevant to Hand Therapy Practice, within last 5 years.
- Verification of 1800 supervised clinical hours (within last 3 year period).
Condition's involving the forearm and hand must comprise 70% of clinical hours.
- Submit Case Log
- Verification of formal supervision, submit supervision record
- HTNZ log book for continuing professional development
- Letter of recommendation from a HTNZ Registered Hand Therapist or Orthopaedic or Plastic Hand Surgeon
- Completion of both HTNZ approved static and dynamic splinting course
- Evidence of two peer reviews by HTNZ Registered Hand Therapist who is external to yours, or your supervisors organisation.

CONSENT & SIGNATURE

I give Hand Therapy New Zealand consent to communicate with me by e-mail

I give Hand Therapy New Zealand consent to place my name, and work address, work phone number and/or work email on the "Find a Therapist" function on the Hand Therapy New Zealand website

Signature of applicant: _____ Date: _____

PLEASE SEND APPLICATION & SUPPORTING EVIDENCE TO THE HAND THERAPY NEW ZEALAND ADMINISTRATOR VIA EMAIL ADMIN@NZAHT.ORG.NZ

OFFICE USE ONLY

<input type="checkbox"/> Date Application received	
<input type="checkbox"/> Annual Practicing Certificate checked	<input type="checkbox"/> Parent Body Membership checked
<input type="checkbox"/> Evidence uploaded to member file	<input type="checkbox"/> HTNZ Executive approved
<input type="checkbox"/> Updated details entered into website	<input type="checkbox"/> Congratulation Letter & Membership Certificate emailed