HAND THERAPY NEW ZEALAND
Ringaromi Aotearoa

PATHWAY 2 (CHT OR EQUIVALENT) 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

☐ Curriculum Vitae

☐ Supporting evidence of overseas membership or qualifications i.e. marking schedules, courses attended, certificates

☐ Letter of recommendation from a HTNZ Registered Hand Therapist or Hand Surgeon following six months formal supervision

☐ Verification of six months formal supervision, submit supervision record

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@HANDTHERAPY.ORG.NZ