

# NATUROPATHIC PRACTITIONERS ASSOCIATION INCORPORATED (NPA)

Correspondence: 443 Marion Road, South Plympton SA 5038 Australia  
Phone: (08) 8351 5880 Fax: (08) 8231 6799  
enquiries@naturopath.org.au



## 2016 MEMBERSHIP APPLICATION FORM

<b>Title:</b> Dr. Mr. Mrs Ms (circle)	(Office use Only) Date Received:
<b>Surname:</b>	<b>Given Names:</b>
<b>Private Address:</b> (Send Mail Here) <input type="checkbox"/> Street..... Suburb/Town..... State.....Postcode..... Mobile No.....	<b>Professional Place of Practice Address:</b> (Not PO Box) Street..... Suburb/Town..... State.....Postcode..... Telephone.....
<b>Date of Birth:</b> .....	<b>Professional Place of Practice Address:</b> (Not PO Box) Street..... Suburb/Town..... State.....Postcode..... Telephone.....
<b>Email Address:</b> .....	(This field is shared with the Date of Birth row)

PLEASE ENSURE THAT THIS FORM IS THOROUGHLY COMPLETED ESPECIALLY THE SECTION ON YOUR QUALIFICATIONS TO AVOID DELAYS.

SIGN AND RETURN IT TO THE ABOVE ADDRESS INCLUDING CHEQUE FOR THE APPLICABLE FEES. ALSO INCLUDE CERTIFIED COPIES OF ALL YOUR QUALIFICATIONS AND DOCUMENTATION AS STATED BY YOU ON THIS FORM.

APPLICATION FEE IS NOT REFUNDABLE WHILE THE MEMBERSHIP FEE WILL BE REFUNDED IF APPLICATION IS UNSUCCESSFUL.

THE FEES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE AS DECIDED BY GENERAL ASSOCIATION MEETING.

**PROFESSIONAL INDEMNITY INSURANCE IS ESSENTIAL FOR CONTINUED MEMBERSHIP (Supply certified documentary proof)**

Insurer: \_\_\_\_\_ Period of Cover: from ...../...../..... to ...../...../.....

**CURRENT FIRST AID CERTIFICATE REQUIRED.** (Supply certified documentary proof)

First Aid Certificate?  Yes  No Valid period: from ...../...../..... to ...../...../.....

I have **NOT BEEN CONVICTED OF A CRIMINAL OFFENCE** in Australia or overseas punishable by law and hereby authorise the NPA Inc to make inquiries as necessary.

I have **NOT PREVIOUSLY BEEN DISQUALIFIED BY ANY HEALTH INSURER OR ASSOCIATION.**

**SKILLS UPGRADE ATTENDANCES (20 CPD POINTS) ARE REQUIRED ANNUALLY FOR CONTINUED MEMBERSHIP.**

### QUALIFICATION DETAILS

Qualifications:  Diploma  Bachelor  Master  PhD

<b>NATUROPATHY</b> (Please Tick)	<b>HOURS</b>	<b>DETAILS – COLLEGES ETC</b>
Alexander Technique..... <input type="checkbox"/>	.....	.....
Aromatherapy..... <input type="checkbox"/>	.....	.....
Ayurvedic Medicine..... <input type="checkbox"/>	.....	.....
Bowen Therapy..... <input type="checkbox"/>	.....	.....
Counselling..... <input type="checkbox"/>	.....	.....
Herbal Medicine (Western).. <input type="checkbox"/>	.....	.....
Homeopathy..... <input type="checkbox"/>	.....	.....
Hypnotherapy Osteopathy... <input type="checkbox"/>	.....	.....
Integration Therapy..... <input type="checkbox"/>	.....	.....
Kinesiology..... <input type="checkbox"/>	.....	.....
Lymphatic Drainage..... <input type="checkbox"/>	.....	.....
Musculotherapy Therapy..... <input type="checkbox"/>	.....	.....
Myotherapy..... <input type="checkbox"/>	.....	.....
Naturopathy..... <input type="checkbox"/>	.....	.....
Naturopathic Nutrition..... <input type="checkbox"/>	.....	.....
Oriental Remedial Therapy... <input type="checkbox"/>	.....	.....
Reflexology Polarity Therapy <input type="checkbox"/>	.....	.....
Remedial Therapy..... <input type="checkbox"/>	.....	.....
Rolfing Reflexognosy..... <input type="checkbox"/>	.....	.....

<b>CHINESE MEDICINE</b>	<b>HOURS</b>	<b>DETAILS – COLLEGES ETC</b>
Acupuncture..... <input type="checkbox"/>	.....	.....
Chinese Herbal Medicine..... <input type="checkbox"/>	.....	.....
Chinese Herbal Dispensing.. <input type="checkbox"/>	.....	.....
Dry Needling..... <input type="checkbox"/>	.....	.....
Electro-acupuncture..... <input type="checkbox"/>	.....	.....

<b>MASSAGE</b>	<b>HOURS</b>	<b>DETAILS – COLLEGES ETC</b>
Deep Tissue Massage..... <input type="checkbox"/>	.....	.....
Sports Massage..... <input type="checkbox"/>	.....	.....
Shiatsu Remedial Massage.. <input type="checkbox"/>	.....	.....
Traditional Chinese Massage <input type="checkbox"/>	.....	.....
Traditional Thai Massage..... <input type="checkbox"/>	.....	.....

Current national standards for Naturopathy require an Advanced Diploma level of entry for membership for those persons who qualified after 2002.

For those who graduated prior to this date, a level equivalent to the Advanced Diploma is required and this may involve as minimum:

**Basic Sciences**                      750 hours  
**Nutrition**                              250 hours  
**Traditional Modalities**            1500 hours  
**Supervised Clinical Practice**    500 hours  
3 modalities (1 x ingestive, 2 x bodywork) required as minimum

Enclose photos of Clinic,  
  
Reception Waiting Room  
  
Areas of Practice on separate paper

<b>CERTIFICATES</b>	
<b>DIPLOMAS</b>	
<b>DEGREES</b>	

<b>MEMBERSHIP</b> Professional Naturopathic Member Fee    \$250.00 Student Fee                                        \$80.00 ( ) Life Member                                        Fee waived	<b>APPLICATION FEE: \$100.00</b> (Please enclose cheque for application fee only with your application OR EFT details below) <b>Bank:</b> Bank SA <b>Account Name:</b> Naturopathic Practitioners Association Inc <b>BSB:</b> 105-034 <b>Account No.</b> 066 048 040
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I am a full member of the following Natural Therapy organisations:  
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**VERIFICATION OF INFORMATION**  
I hereby verify that the above information is correct and up-to-date to the best of my knowledge and that certified copies of any relevant documentation to support my details are provided.  
If accepted as a member, I will abide by the Constitution of the NPA and will at all times conduct myself and my practice in accordance with the ethical standards set by the NPA.

<b>APPLICANT'S SIGNATURE</b>   ..... <b>DATE:</b> ...../...../.....	<div style="border: 1px solid black; padding: 20px; width: 80%; margin: auto;"> Applicant's Passport   Photo </div>
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Signed before me on the ..... Justice of the Peace (details)  
JP's SIGNATURE .....

FOR OFFICE USE ONLY			
FEES RECEIVED DATE	MEMBERSHIP COMMENCEMENT DATE	RECEIVING OFFICER	DATE
ACCEPTED <input type="checkbox"/>	REJECTED <input type="checkbox"/>	MEMBERSHIP APPROVAL DATE	ACCREDITATION DATE
		NPA CHAIRPERSON	MEMBERSHIP NUMBER