

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)*

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