

NZAHT Inc
Application for Registered Membership
Pathway 2: Certified Hand Therapist or Equivalent

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. CHT Membership

Current membership of an overseas Hand Therapy Association with equivalent entry criteria or Certified Hand Therapist Qualification (CHT) from Hand Therapy Certification Commission. Include supporting evidence and Curriculum Vitae.

3. Checklist

Current CHT membership evidence

CV

Attach copies of membership to NZSP/NZAOT + APC

Attach text for register

Attach letter of recommendation of NZ RHT or Hand Surgeon

(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:

Email application form to: admin@nzaht.org.nz

Or - Postal address:

Hand Therapy New Zealand

PO Box 27 386, Marion Square, Wellington 6141

Courier Address:

C/- Physiotherapy NZ, Level 6, 342 Lambton Quay, Wellington

Phone: 04 894 1685