

**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:**

**Marlene Pouri-Lane  
Administrative Officer  
NZAHT Inc  
41 Boundary Road  
Hamilton 3214**

Any queries Ph (07) 854 8949 or email [mpourilane@xtra.co.nz](mailto:mpourilane@xtra.co.nz)