



HAND THERAPY NEW ZEALAND

Ringaromi Aotearoa

PATHWAY 1 (CASE PRESENTATION) 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: (For case log, tick the one that applies)

AUT HAUL paper successful completion within the last 5 years. (Currently 45 credits, Hand & Upper Limb Module.)

Clinical Case Presentation Marking Schedule

Verification of 1800 supervised clinical hours (within 3 year period).
Condition's involving the forearm and hand must comprise 70% of clinical hours

Case Log (onsite supervision) – Submit a tally of cases from the previous three months.

Case Log (offsite supervision) – Submit a detailed case log as per appendix 5 of the supervision guidelines.

Verification of formal supervision, submit supervision record

HTNZ log book for continuing professional development

Letter of recommendation from a HTNZ Registered Hand Therapist or Orthopaedic or Plastic Hand Surgeon

Completion of two HTNZ approved static and dynamic splinting course

Evidence of two peer reviews by a HTNZ Registered Hand Therapist external to your own, or your supervisors organisation.
(please use the HTNZ Approved Peer Review form)

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

OFFICE USE ONLY

<input type="checkbox"/> Date Application received	
<input type="checkbox"/> Annual Practicing Certificate checked	<input type="checkbox"/> Parent Body Membership checked
<input type="checkbox"/> Evidence uploaded to member file	<input type="checkbox"/> HTNZ Executive approved
<input type="checkbox"/> Updated details entered into website	<input type="checkbox"/> Congratulation Letter & Membership Certificate emailed