

NATUROPATHIC PRACTITIONERS ASSOCIATION INCORPORATED

Correspondence: PO BOX 322, INGLE FARM S.A. 5085 AUSTRALIA
Telephone and FAX : (08) 8349 7303
naturopath@naturopath.asn.au



2007 MEMBERSHIP APPLICATION FORM

NAME (Dr. Mr. Mrs. Ms.)			
PRIVATE ADDRESS			POSTCODE
PROFESSIONAL ADDRESS			POSTCODE
PHONES:	PRIVATE	BUSINESS	
MOBILE:	WEBSITE		
EMAIL ADDRESS:	MARITAL STATUS		
AGE	DATE OF BIRTH	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE

APPLICATION FOR:

- PROFESSIONAL *NATUROPATHIC* MEMBER (per annum) (also complete Form A)
 STUDENT MEMBER (per annum) (request Form B)
 ASSOCIATE MEMBER (per annum) (includes corporate member) **please enquire for fees*

IMPORTANT Please read

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.

PLEASE COMPLETE EITHER SECTIONS **A**, or **B** AS APPLICABLE TO YOUR APPLICATION, AFFIX A PHOTO AND SIGN THE CODE OF ETHICS ENCLOSED.

- 1) PROFESSIONAL LIABILITY INSURANCE IS ESSENTIAL FOR CONTINUED MEMBERSHIP. *Supply certified documentary proof*
- 2) SKILLS UPGRADE ATTENDANCES ARE REQUIRED BY EACH MEMBER FOR CONTINUED MEMBERSHIP.
- 3) Current First Aid Certificate required *.Supply certified documentary proof*

Continued membership requires the member to abide by the NPA's Code of Ethics and Professional Practice Standards

I am a full member of the following Natural Therapy organisations:

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N.P.A. SPONSOR

N.P.A. SPONSOR'S SIGNATURE

APPLICATION FEE \$

MEMBERSHIP FEE \$

** Please enquire by email for current fees*

Please enclose cheque with your application

NATUROPATHIC PRACTITIONERS ASSOCIATION INCORPORATED



ACCREDITATION BOARD NPAAB

PROFESSIONAL MEMBER ACCREDITATION FORM (-A-)

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NAME (Dr. Mr. Mrs. Ms.)		
CONTACT PHONES:	PRIVATE	BUSINESS

**PLEASE COMPLETE IN DETAIL AS
APPLICABLE TO THE APPLICATION**

ACCREDITATION NUMBER:

QUALIFICATIONS DETAILS		
(PLEASE TICK)	HOURS	DETAILS- COLLEGES ETC.
<input type="checkbox"/> ANATOMY		
<input type="checkbox"/> PHYSIOLOGY		
<input type="checkbox"/> PATHOLOGY		
<input type="checkbox"/> BIO-CHEMISTRY		
<input type="checkbox"/> SYMPTOMATOLOGY & DIAGNOSIS		
<input type="checkbox"/> MEDICAL TERMINOLOGY		
<input type="checkbox"/> OTHER (SPECIFY)		
<input type="checkbox"/> NUTRITIONAL SCIENCES		
NATUROPATHIC MODALITIES		
<input type="checkbox"/> ACUPUNCTURE		
<input type="checkbox"/> COLONIC IRRIGATION THERAPY		
<input type="checkbox"/> HERBAL MEDICINE		
<input type="checkbox"/> HOMOEOPATHIC MEDICINE		
<input type="checkbox"/> REMEDIAL MASSAGE THERAPY		
<input type="checkbox"/> IRIS DIAGNOSIS		
<input type="checkbox"/> OTHER (Please Specify)		
<input type="checkbox"/> OTHER (Please Specify)		
<input type="checkbox"/> OTHER (Please Specify)		
<input type="checkbox"/> CLINICAL PRACTICE		

CERTIFICATES	
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DIPLOMAS	
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DEGREES	
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FOR FURTHER COMMENTS, YOU MAY ATTACH A SEPARATE PIECE OF PAPER AND SIGN

APPLICANT'S SIGNATURE	DATE
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NPA MEMBERSHIP ACCREDITATION CRITERIA

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INGESTIVE MODALITIES

Herbal Medicine
Homeopathy
Nutritional Dietetics

BODYWORK THERAPIES

Remedial massage therapy
Therapeutic massage
Acupuncture

OTHERS

Iris Diagnosis

TYPE OF PRACTICE

Fulltime Part time

Current national standards for Naturopathy requires 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 (1x ingestive, 2 x bodywork) required as minimum

applicant's passport
photo

Enclose photos of
Clinic, Reception Waiting room
areas of practice on separate
paper

I certify that I will uphold the NPA's Code of Ethics and Professional Practice Standards

I DECLARE THAT I DO / DO NOT *HAVE A CRIMINAL RECORD . * *strike out whichever is not applicable*

I ALSO DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION AND DOCUMENTATION SUPPLIED HEREIN ARE CORRECT.

DATE	APPLICANT'S SIGNATURE
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Signed before me on the JP 's SIGNATURE	Justice of the Peace (details).
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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	NPAAB CHAIRPERSON	
FNTT NUMBER:	MEMBERSHIP NUMBER:	

NATUROPATHIC PRACTITIONERS ASSOCIATION

CODE OF ETHICS



I pledge not to bring dishonour to the Naturopathic Practitioners Association or denigrate any of its members or other health care professionals.

I pledge to always act with honour, honesty and integrity in my professional practice.

I pledge to pass on to my fellow practitioners in the Association any valuable information or knowledge that may help further their practice.

I pledge to conduct myself professionally at all times so as to comply with accepted standards of decency and moral conduct including respecting clients' diversity in cultural, ethnic or religious matters and client confidentiality .

I pledge not to make claims of cure

I pledge to keep high standards of practice according to the NPA Code of Professional Practice and endeavour to improve skills and standards wherever possible, including limiting treatments to modalities in which I am trained.

I pledge to ensure any employee of mine shall adhere to the same code of ethics.

I pledge to voluntarily surrender my membership certificate of the Association upon proven transgression of this code by me.

I pledge to publicly display this Code of Ethics in my consulting rooms.

Signed