



**PAANZ**

The Physiotherapy Acupuncture  
Association of New Zealand

**PAANZ Registered Physiotherapy Acupuncturists Certificate**  
**Application Form**

Name: \_\_\_\_\_

Postal Address \_\_\_\_\_

Name of Clinic or Workplace \_\_\_\_\_

Street address of Clinic or Workplace \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Phone \_\_\_\_\_

*(please supply the landline number)*

Business Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

*Signature:-* \_\_\_\_\_ *Date:* \_\_\_\_\_

Criteria

A minimum of 150 hours as per the PAANZ Terms of Reference  
Please list the dates and name the courses you have attended.

❖ *For non PAANZ Courses you must supply proof of attendance*

\_\_\_\_\_

REGISTER COMMITTEE:

Sent for approval on:

*First Certificate*

*Cost is \$30.00*

*Please send your cheque and application form to address below*

\_\_\_\_\_

**A Special Interest Group of the New Zealand Society of Physiotherapists Inc**

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