



PAANZ

The Physiotherapy Acupuncture
Association of New Zealand

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

PAANZ Registered Physiotherapy Acupuncturists Certificate Application

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: _____ Approved _____

First Certificate

Cost is \$30.00

Please send your cheque and application form to address below