



**"Recognised Professionals"**

**APPLICATION for ACCREDITATION and ANTA MEMBERSHIP**

**Title:** Mr Mrs Miss Ms (circle) [Office Use Only] Date Received:

**Surname:** **Given Names:**

<b>Residential Address:</b> (Tick if postal) <input type="checkbox"/> Street..... Suburb/Town..... State..... Postcode..... Telephone..... Facsimile..... Mobile.....	<b>Clinic Address:</b> (Tick if postal) <input type="checkbox"/> Street..... Suburb/Town..... State..... Postcode..... Telephone..... Facsimile..... Mobile.....
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**Date of Birth:** ..... **Place of Birth:** .....

<b>PO Box (if applicable):</b> ..... Suburb/Town..... State.....	Email..... <input type="checkbox"/> Please tick if you wish to receive info by ANTA e-News Website.....
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**MODALITIES AND MEMBERSHIP LEVELS (✓ membership level adjacent to modality)**

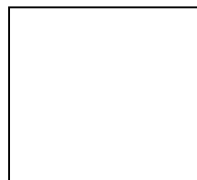
Modalities	Membership Level		Modalities	Membership Level	
	(✓ box)	Member (A)		Member	(✓ box)
Acupuncture*		<input type="checkbox"/>	Naturopathy		<input type="checkbox"/>
Aromatherapy	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition		<input type="checkbox"/>
Ayurvedic Medicine		<input type="checkbox"/>	Oriental Remedial Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	Remedial Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Medicine (Western)		<input type="checkbox"/>	Traditional Chinese Herbalism*		<input type="checkbox"/>
Homoeopathy		<input type="checkbox"/>	Traditional Chinese Medicine*		<input type="checkbox"/>
Musculoskeletal Therapy	<input type="checkbox"/>	<input type="checkbox"/>	* Practitioners in Victoria must be registered with the CMRB VIC		
Myotherapy	<input type="checkbox"/>	<input type="checkbox"/>			

Enclosed is my cheque / money order for membership (see Membership Fees)	\$
<b>Plus</b> non refundable application fee (not applicable to 1 <sup>st</sup> Year Graduates)	\$ 110.00
<b>(Please do not send cash)</b>	<b>TOTAL</b> \$

**OR**

Please debit my Mastercard / Visa (circle one) for twelve months membership <b>plus</b> non refundable application fee (not applicable to 1 <sup>st</sup> Year Graduates)	\$
Credit Card Number _____ / _____ / _____ / _____	\$ 110.00
Expires: Month..... Year.....	<b>TOTAL</b>
CCV Number (last three numbers on reverse of card): .....	\$
Cardholder's Name:..... Signature: .....	

Please staple passport size photo here.



**Photograph must be certified on the reverse by a Qualified Person stating:**  
**"This is a true likeness of ..... " (applicant)**



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**PROVIDE DETAILS OF COURSE(S) COMPLETED:**

*Note: ANTA does not recognise undergraduate courses delivered substantially on-line or by Distance Education*

*I have checked that the course I have completed is on ANTA's "Recognised Course List" (see ANTA website www.anta.com.au)*

Course Provider .....

Address .....

Course Name .....

Qualification .....

Date Course Completed .....

**ATTACH CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS:**

- ▶ Certified copy of Academic Transcript
- ▶ Certified copy of Qualification (Diploma, Advanced Diploma, Degree)
- ▶ Certified copy of passport-size photograph (attach to front of application)
- ▶ Certified copy of CMRB (VIC) registration if applying for the modalities of Acupuncture, Traditional Chinese Herbalism or Traditional Chinese Medicine

*All documentation **must be certified by a Qualified Person** (see attached list) as being a "true copy of the original document". Failure to do so will delay your application.*

All documentation supplied must be in English or accompanied by an English translation certified by an Australian Government accredited translation service.

**CHARACTER REFERENCES (TWO REQUIRED):**

Enclosed with this application are written character references from the following persons

.....

**PROFESSIONAL INDEMNITY INSURANCE: (MUST BE ANSWERED)**

Practising ANTA members are required to have at all times Professional Indemnity Insurance (Malpractice Liability Insurance) cover of at least \$1,000,000.

Details of Professional Indemnity Insurance cover:

Insurance Company .....

Expires ..... Amount of cover \$ .....

***(Include a copy of insurance certificate with your application)***

**or**

I agree to take out Professional Indemnity Insurance cover upon acceptance as an ANTA member. For further information and to obtain a quote contact Lucy Saggio on (03) 9412 1382 or 1800 222 012 at OAMPS Insurance Brokers (ANTA preferred supplier of insurance)

**(applicant signature)** \_\_\_\_\_



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**FIRST AID:**

To be eligible for provider status with Health Funds it is a requirement that practitioners have a current Senior or Level 2 First Aid certificate.

Details of First Aid certificate:

First Aid Course Provider .....

First Aid certificate expires .....

***(attach a certified copy of Senior or Level 2 First Aid certificate to your application)***

**OTHER MEMBERSHIP: (MUST BE ANSWERED)**

I am currently a member of the following associations ***(IF APPLICABLE)***

.....

Details of previous ANTA membership [includes Student membership] ***(IF APPLICABLE)***

Membership level ..... Period of membership.....

**DETAILS OF CLINICAL PRACTICE: (IF APPLICABLE)**

Name of Clinic .....

Address .....

Period of clinical practice.....

Modalities (therapies) practised.....

Other relevant information .....

.....

.....

.....

.....

.....

**STATUTORY DECLARATION**  
*Statutory Declarations Act 1959*

I, ..... (name of person making declaration),  
do solemnly and sincerely declare:

1. I am the person named in this declaration.
2. This membership application is made on the basis of the truth and correctness of all information supplied.
3. I have not been convicted of a criminal offence in Australia or overseas punishable by law and hereby authorise the Australian Natural Therapists Association Ltd (ANTA) to make inquiries as necessary.
4. I have not had my name removed from any professional association or health fund register for any misconduct, transgression or fraudulent activity.
5. I understand that membership renewal is subject to the provision that all claims, actions, circumstances and events which could/may/does result in any claims being made or any actions taken against myself must be reported immediately to the ANTA.
6. I acknowledge that ANTA may, in its absolute discretion, grant or refuse membership without assigning any reason therefore.
7. If accepted as a member of ANTA, I agree to be bound by the Constitution, Code of Professional Ethics and regulations established from time to time by ANTA and ANTAB.
8. I authorise ANTA to provide Health Funds and Workcover Authorities with information in relation to my provider registration and status.
9. I understand that it is a requirement for all members of ANTA practising in Australia to be able to communicate in English both orally and in written form and I declare that I am able to communicate in English both orally and in the written form.
10. Any undergraduate course/s I have completed were not undertaken substantially by distance education, on-line or by external modes.

And I make this solemn declaration by virtue of the *Statutory Declarations Act 1959*, and subject to the penalties provided by that Act for making false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

..... (signature of person making declaration)

Declared at ..... (place)

the day of ..... 20..... (year)

Before me ..... (full name)

Signature .....  
(person who can certify documents)

Address .....

Telephone .....



### **IMPORTANT INFORMATION FOR APPLICANTS**

Your application is regarded by ANTA as an important step in becoming a member of an association at the pinnacle of the profession. It is essential the application is fully completed and all supporting documentation supplied is certified as required.

Applications are assessed on the information supplied and the following checklist is provided for your convenience.

***If an application is incomplete, has missing information or non-certified documentation it will be returned to the applicant.***

### **APPLICANTS CHECKLIST (To ensure application is fully completed)**

- |                                                                                                                                                                  |                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Checked that course completed is on ANTA's "Recognised Course List" (see website <a href="http://www.anta.com.au">www.anta.com.au</a> ) | <input type="checkbox"/> Certified copy of CMRB (VIC) registration if applying for Acupuncture, Traditional Chinese Herbalism or Traditional Chinese Medicine in Victoria |
| <input type="checkbox"/> Application fully completed                                                                                                             | <input type="checkbox"/> Two written character references                                                                                                                 |
| <input type="checkbox"/> Correct membership fee included                                                                                                         | <input type="checkbox"/> Statutory Declaration completed                                                                                                                  |
| <input type="checkbox"/> Cheques made payable to ANTA                                                                                                            | <input type="checkbox"/> Copy of Professional Indemnity Insurance                                                                                                         |
| <input type="checkbox"/> Certified copy of Academic Results                                                                                                      | <input type="checkbox"/> Provide details of any Clinical Practice                                                                                                         |
| <input type="checkbox"/> Certified copy of Qualifications                                                                                                        |                                                                                                                                                                           |
| <input type="checkbox"/> Certified copy of passport-size photo                                                                                                   |                                                                                                                                                                           |
| <input type="checkbox"/> Certified copy of Senior (Level 2) First Aid Certificate                                                                                |                                                                                                                                                                           |

### **PERSONS WHO CAN CERTIFY DOCUMENTS**

- |                                         |                                   |
|-----------------------------------------|-----------------------------------|
| ✓ Accountants and Registered Tax Agents | ✓ Australian Consular or Diplomat |
| ✓ Bank Managers                         | ✓ Barristers and Solicitors       |
| ✓ Clerks of Courts                      | ✓ Commissioner of Affidavits      |
| ✓ Commissioner for Declarations         | ✓ Members of Parliament           |
| ✓ Judges                                | ✓ Justice of the Peace            |
| ✓ Police Officers                       | ✓ Postal Managers                 |
| ✓ Pharmacists                           |                                   |



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**ANTA APPLICATION & MEMBERSHIP FEES**

(all amounts include 10% GST)

**Membership Fees Payable with Application:**

The fees below are payable on submission of application for membership and cover the period ending 31<sup>st</sup> December.

**Member (A) Level:**

Member (A) (1 <sup>st</sup> Year Graduate)	
if applying for membership between Jan – June	\$110.00
if applying for membership between July – Dec	\$ 66.00
Member (A) (not a 1 <sup>st</sup> Year Graduate)	
if applying for membership between Jan – June	\$165.00
if applying for membership between July – Dec	\$ 99.00

**Member Level:**

Member (1 <sup>st</sup> Year Graduate)	
if applying for membership between Jan – June	\$110.00
if applying for membership between July – Dec	\$ 66.00
Member (2 <sup>nd</sup> Year Graduate)	
if applying for membership between Jan – June	\$220.00
if applying for membership between July - Dec	\$132.00
Member (not a 1 <sup>st</sup> or 2 <sup>nd</sup> Year Graduate)	
if applying for membership between Jan – June	\$330.00
if applying for membership between July – Dec	\$198.00

**Accreditation Fee Payable with Application**

payable by all applicants except 1 <sup>st</sup> Year Graduates	\$110.00
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**Annual Membership Renewal Fees Payable on Renewal of Membership:**

Membership fees cover the period 1<sup>st</sup> January – 31<sup>st</sup> December. The annual membership renewal fees outlined below are due and payable by the 1<sup>st</sup> January

Member (A)	\$165.00
Member (2 <sup>nd</sup> Year Graduate)	\$220.00
Member (not a 2 <sup>nd</sup> Year Graduate)	\$330.00
Fellow	\$495.00
(ANTA Members can apply to upgrade to Fellow after 2 years of membership and proof of academic and/or professional practice, provided they have a minimum qualification of degree recognised by ANTA)	



**REQUIREMENTS & MINIMUM QUALIFICATIONS FOR ANTA MEMBERSHIP**

Applications for membership are reviewed and assessed by a panel of the Australian Natural Therapists Accreditation Board (ANTAB).

Applications are reviewed and assessed in accordance with ANTA membership requirements (subject to change as determined by ANTA) at the time of application.

Documents required to be certified should state: *"This is a true copy of the original document"* and be signed by a person who is authorised to certify documents.

**Note: ANTA does not recognise undergraduate courses undertaken by Distance Education**

**MEMBER (A) (Minimum Qualifications: Diploma – ANTA Recognised Course)**

Member (A) level is available in the following modalities:

Aromatherapy	Myotherapy
Counselling	Remedial Therapy
Musculoskeletal Therapy	Oriental Remedial Therapy

**MEMBER (Minimum Qualifications: Advanced Diploma – ANTA Recognised Course)**

Member level is available in the following modalities:

Aromatherapy	Naturopathy
Ayurvedic Medicine	Nutrition
Counselling	Oriental Remedial Therapy
Herbal Medicine (Western)	Remedial Therapy
Homoeopathy	Traditional Chinese Herbalism
Musculoskeletal Therapy	Traditional Chinese Medicine
Myotherapy	

**MEMBER (Minimum Qualifications: Degree – ANTA Recognised Course)**

Acupuncture

**FELLOW (Minimum Qualifications: Degree – ANTA Recognised Course) \*see below**

Fellow level is available in the following modalities:

Acupuncture	Myotherapy
Aromatherapy	Naturopathy
Ayurvedic Medicine	Nutrition
Counselling	Oriental Remedial Therapy
Herbal Medicine (Western)	Remedial Therapy
Homoeopathy	Traditional Chinese Herbalism
Musculoskeletal Therapy	Traditional Chinese Medicine

**\* Members of ANTA are eligible to apply for an upgrade to Fellow level after 2 years membership and proof of academic and/or professional practice, provided that they have a minimum qualification of degree from a recognised course listed on the ANTA Course List.**