



APPLICATION FOR MEMBERSHIP

SCHEDULE 1 PRACTITIONER

PLACE
PHOTO
HERE

Title: Dr / Mr / Mrs / Ms / Miss

Surname: _____

Given Names: _____

Postal Address: _____

State: _____ Post Code: _____ Phone: () _____

Home Address: _____

State: _____ Post Code: _____ Phone: () _____

Primary Clinic Address: _____

State: _____ Post Code: _____ Phone: () _____

Date of Birth: _____ Place: _____

Preferred name on membership certificate: _____

I have been actively engaged in bone fide practice from:

Date: _____ State or Country: _____

OR New Graduate []

Email: _____

Website: _____

Schedule 1 Practitioner Member Requirements

Annual Subscriptions

\$150.00 pa

Subscriptions are due by 28 February each year.

Membership Criteria

State number of hours study you have completed in the following areas:

Medical Sciences e.g. Anatomy and Physiology and Biological Chemistry (min 233 hours) _____

Single Ingestive Modality (Naturopathy, Nutrition, Homeopathy, Herbalism, Ayurveda) (min 234 hours) _____

Clinical Practicum (min 233 hours) _____

- Insurance – all Schedule 1 Practitioners are required to hold a Malpractice and Public Liability Insurance Cover. Proof of this must be sent in with the application. Membership will not be recognized without this cover. Insurance companies/brokers that provide this cover include AON, Guild and Arthur J. Gallagher.
- First Aid Certificate – a current certificate, valid for the whole membership year is required.
- Complete 20 hours of Continuous Professional Education (CPE) per year.

Members of ACONT Schedule 1 Practitioner level membership, as members of a Schedule 1 Association, are eligible for the Advertising Exemption under Schedule 1 of the Therapeutic Goods Regulations. To obtain your "Therapeutic Goods Advertising Certificate of Exemption" it is necessary to meet the requirements as above.

TGA Schedule 1 Exemption Certificates are valid for one year only, and new certificates are issued each year upon receipt of membership payment, statement of completed CPE and signed annual declaration.

The history of my studies is as follows:

I am the holder of the following degrees, diplomas, or certificates (certified photocopies of which are enclosed/attached):

Name and Place of Education	Institution Degree/Diploma/Certificate obtained	Date Obtained

(If space is insufficient, attach on separate paper)

Please include Current First Aid Certificate, Certificate of Insurance, and Certified Copies of Transcripts and Testamurs with your application.

List any supplementary education, seminars, and work experience relevant to your application:
(If space is insufficient, attach on separate paper)

I enclose written character references from the following persons (at least 2):

Insurance – all members in practice are required to have Malpractice Liability Insurance. I am currently covered for malpractice insurance with the following company:

DECLARATIONS

Have you:
Answer YES or NO

1.	Ever had any professional membership refused, suspended, or withdrawn?.....	
2.	Ever been subject to action of disciplinary nature relating to complementary medicine, natural therapies, massage, or allied health, or are there any investigations or proceedings, pending or current which may result in such action being taken?.....	
3.	Ever been investigated or convicted of, or served any part of, a term of imprisonment for any civil, criminal or police offence in Australia or overseas, or currently under investigation or have an investigation pending? (This excludes traffic fines that did not proceed to court.)	
4.	Ever been investigated or currently under investigation or have an investigation pending for offences against children?.....	
5.	Entered into a recognized arrangement which is still in force, in relation to any offence?.....	
6.	A charge pending for any offence?.....	

If 'YES' to any item (1 to 6), give detailed information on a separate sheet and include with this application. All information provided is confidential. Question 1 to 6 also form the annual declaration that each member is required to make when renewing their annual membership with ACONT.

I ACKNOWLEDGE AND AGREE THAT:

1. ACONT Inc. may in its absolute discretion, grant or refuse membership without assigning any reason therefore.
2. The Committee of ACONT Inc. shall have the power to ask for, or compel the disaccreditation, or, if necessary, move for the disqualification of any practitioner who knowingly makes or produces any false or fraudulent statement or presentation, verbal or in writing, before the Committee of the Association.
3. The Committee of ACONT Inc. shall have the Power to summon any member to appear before it, or, before an investigation Committee/Board of Examiners of Disciplinary Tribunal, always providing that fourteen clear working days notice has been given the member.
4. I will automatically lose my Membership if and when I become a registered medical practitioner in any Australian State, Territory or Dependency.

I AGREE THAT:

1. The documentary evidence submitted with this application remains current at the date hereof and no action is pending in respect thereto.
2. I acknowledge that ACONT, in its absolute discretion, may grant or refuse membership without assigning any reason therefore.
3. I understand that this application is submitted with the full knowledge and consent that in the event of same being refused, 2/3 of the membership fees paid in respect thereto are refundable.
4. I have not been convicted in the last five (5) years of a criminal offence in Australia or overseas punishable by law and hereby authorize ACONT to make such enquiries as necessary.

(Signature of Applicant)

(Date)

I SOLEMNLY AND SINCERELY DECLARE THAT:

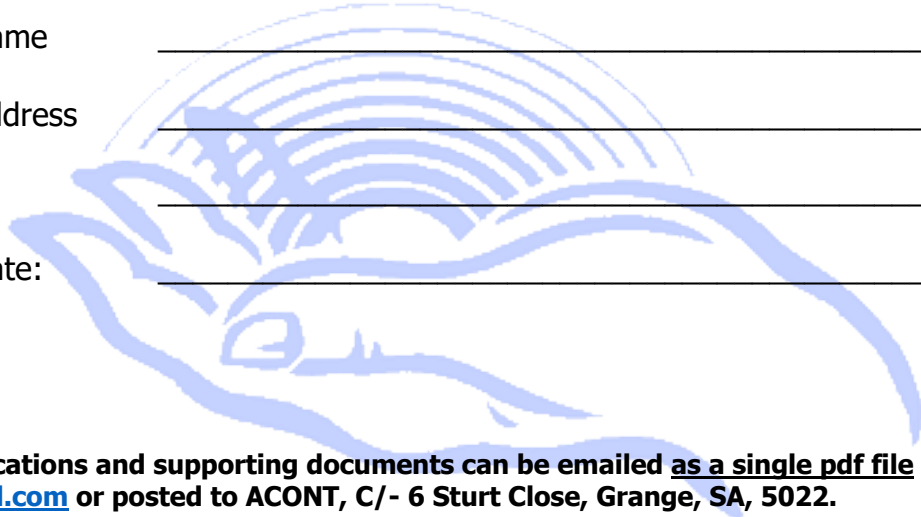
1. I am the person named and shown in the documents accompanying this application.
2. Documentary evidence of my education and professional qualifications submitted with this application remains current at the date hereof and no action is pending in respect thereto.
3. This application is made on the basis of the truth and correctness of all information furnished.

I make this solemn declaration, consciously believing same to be true and by virtue of the provisions of the 'Oath Act 1900-1935'.

(Signature of Applicant)

Subscribed and declared at _____ this _____ day
of _____ 20_____ .

<u>Witness</u>	Signature	_____
	Name	_____
	Address	_____ _____
	Date:	_____



Completed applications and supporting documents can be emailed as a single pdf file to natjanrad@gmail.com or posted to ACONT, C/- 6 Sturt Close, Grange, SA, 5022.

Payment by Direct Deposit or PayPal invoice. Please email natjanrad@gmail.com for PayPal invoice.

Direct Debit

Bendigo Bank
ACONT - Australian Committee of Natural Therapies Ltd
BSB: 633000
Account: 170406003