**Membership Application: Clinical (Medical) Qigong Practitioner**

**New Zealand Qigong and Traditional Chinese Medicine Association (NZQTCMA)**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did you begin practicing Clinical Qigong? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a student of a certified Level IV Advanced Medical Qigong Practitioner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: A student of a level IV teacher has the option of, in lieu of listing course information from that teacher in the application, substituting a letter of recommendation from a Level IV Certified Teacher that includes the number of hours of relevant instruction, general description of coursework, and descriptive comments about student ability.

What level of certification are you applying for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the certification level for which you are applying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Level I – Qigong Therapist – 600 hours formal training
* Level II – Advanced Qigong Therapist – 1500 hours formal training
* Level III – Medical Qigong Practitioner – 3000 hours formal training
* Level IV – Advanced Medical Qigong Practitioner – study, research, writing and course development at a post graduate level

Qigong Teacher Reference

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

Telephone:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Qigong Client Reference

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

Telephone:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do we have your permission to contact these references with regard to your application? \_\_\_\_\_\_\_\_\_

Have you ever been convicted of a crime? If “yes”, please explain briefly:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been denied a professional license/certification or had one revoked? If “yes”, please explain briefly:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Details of Formal Qigong Training** (Please include copies of any certificates with this application)

Including: Traditional Chinese Medicine Theory and Practice, Anatomy and Physiology, Qigong exercises for developing healing ability, Qigong exercises for remedying specific ailments, application of Qigong in a clinical setting, Clinical practice skills. At least 10% of the total hours for each level should consist of supervised clinical practice hours.

NZQTCMA will in all cases assess the suitability of the training applicants have undertaken including the quality of the educational institution the training has taken place at. NZQTCMA reserves the right to deny registration for any applicant whose training is not of suitable quality.

At all levels the Registrar may take into account Recognition of Prior Learning (RPL) and Current Competency (RCC) as appropriate in determining the appropriate level of registration for a practitioner.

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| Training Dates | Course Description | Teacher/Organization | Hours |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Total hours:** |  |

By submitting this application, I agree to abide by the Code of Ethics of the New Zealand Qigong and Traditional Chinese Medicine Association (attached).

I attest that to the best of my knowledge the information provided in this application is true and accurate, and I hereby provide my express consent to investigate any of the information contained in this Application for the purpose of assessment of my suitability for admission as a Qigong Instructor.

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(signature) (date signed)

Please submit your first year’s membership fee ($50) at the time of application. The association’s bank account number is: 12-3119-0035212-00 Use your last name as reference.

Please return this application to: [nzqigongtcm@gmail.com](mailto:nzqigongtcm@gmail.com)