



'Health Professionals Who Naturally Care'



# Application for Membership

Ten steps towards joining the: *'Health Professionals Who Naturally Care'*

## IMPORTANT

Sections 1 to 10 (where applicable) MUST be completed. Original witnessed application form, certified qualification certificate and certified academic transcripts MUST be received as hard copies. Insurance, first aid and photos may follow via email and do not require certification.

### 1. PERSONAL DETAILS

Title: Mr  Mrs  Miss  Ms  Other  Date of Birth:..... Mobile.....

(a).....  
Surname Given Names

(b) Home Address..... Suburb.....  
State.....Post Code..... Ph.....

(c) Business Address..... Suburb.....  
State.....Post Code..... Ph.....

(d) Additional Address..... Suburb.....  
State.....Post Code..... Ph.....

(e) Email/s.....

(f) Postal Address (b)  or (c)  or (d)

#### Passport Photo

If you do not have a passport photo, a digital head shot may be taken and attached or emailed to the administration office at [admin@cma.asn.au](mailto:admin@cma.asn.au)

### 2. PRACTICE TITLE(S)

As a member of the Complementary Medicine Association you will be recognised as, and expected to use the title/s: *Naturopath, Homeopath, Nutritionist, Western Herbal Medicine, Chinese Herbal Medicine or Ayurveda Practitioner*

Please indicate the titles you practice under:

- NATUROPATH       NUTRITIONIST       HOMEOPATH  
 WESTERN HERBAL MEDICINE PRACTITIONER       AYURVEDA PRACTITIONER  
 CHINESE HERBAL MEDICINE PRACTITIONER       OTHER (please specify)

### 3. PHOTOGRAPHS OF PRACTICE PREMISES AND FACILITIES

If you are practicing, clinic photographs must be emailed to the administration office. They are required for all practice locations. Clinics cannot be listed without photo evidence. Photographs must clearly show the following:

- (a) The front elevation of the premises showing (where possible) the street number. This photo, or additional photos should also include any advertising material or signs on display to the public.  
(b) The waiting room/s  
(c) The consulting room/s

This is designed to assist the Federal Executive in ensuring that all new applicants have a clean and presentable practise environment for the public. ALL must be of a professional standard. It is also a requirement for automatic Health Fund registration (where available) by CMA that evidence is provided.

THE FEDERAL EXECUTIVE RESERVES THE RIGHT TO INSPECT THE PRACTICE PREMISES OF ASSOCIATION MEMBERS AT ANY TIMES

#### 4. ACADEMIC BACKGROUND & PROFESSIONAL EDUCATION

- (a) (1) Tertiary / other relevant education.....
- (b) (1) University / College attended  
.....
- (2) Natural Therapies Education completed  
.....
- Certified copies of Certificates & Academic Transcripts must be included with this application**
- (3) Relevant courses under current study, number of units completed & expected completion date  
.....
- (4) How were studies undertaken?     On campus     Mixed     Online # Hours online .....
- (5) Were clinic hours / practical placement completed?     Yes     No # Hours completed.....
- (6) Where were hours undertaken?     On campus     External     Other .....
- (7) Do you hold current first aid?     Yes     No    Expiry date ..... (please provide a copy)
- (8) Do you hold a WWC or WWVP or Blue Card     Yes     No (if yes, please provide a copy)

#### 5. PROFESSIONAL PRACTICE INFORMATION

- (a) (1)  Not currently practising     Full Time     Part Time
- (2) Is the practice your primary source of income     Yes     No
- (3) If no – please indicate your primary source of income  
.....
- (4) Total number of hours in practice per week .....
- (5) Approximate date when first commenced practicing .....
- (6) If applicable, how long have you been in continuous clinical practice? .....

#### (b) MODALITIES UTILISED IN CURRENT PRACTICE

- Nutritional Therapy     Naturopathy     Herbalism     Homoeopathy
- Ayurveda     Chinese Medicine     Other (please specify)
- .....

#### (c) DIAGNOSTIC METHODS USED

- Symptomatology     Blood     Differential     Eye
- Physiognomy     Urine     Saliva     Others please specify)
- .....

## 6. MEMBERSHIP CATEGORIES & ENTRY STANDARDS

Application for membership of the Association will be received by the Federal Executive and accepted conditional to the applicant adhering to the Constitution, Code of Ethics and fulfilling the following criteria.

- (a) Being that he/she is 18 years of age or above or, in the case of student members 16 years or above.
- (b) That he/she is considered by the Federal Executive to be a fit and proper person to be a member of the Association.
- (c) Meet the requirement of at least one of the following membership categories.
  - (1) **FULL MEMBERSHIP:**  
May be granted to the applicant providing that he/she has:
    - (1.1) A **minimum** of an Advanced Diploma in: Naturopathy, Nutrition, Homeopathy, Western Herbal, Chinese Herbal or Ayurveda from an Australian Recognised Training Organisation (RTO) or University. Please note that Chinese Herbal Practitioners must hold a relevant equivalent qualification and be registered with AHPRA.
    - (1.2) A considered equivalence in both RTO and/or non-RTO education and experience per CMA Policy – Notice of Change in Entry Requirements – Enacted 14th October 2007.
  - (2) **PROVISIONAL MEMBERSHIP:**  
May be awarded to practicing: Naturopaths, Nutritionists, Homeopaths, Western Herbal, Chinese Herbal or Ayurveda Practitioners, who fall short of our current minimum entry requirement, but are currently undergoing study to upgrade their qualifications. It allows them to continue to practice whilst doing so.  
  
As per CMA Policy – Notice of Change in Entry Requirements – Enacted 14th October 2007. Provisional membership is valid for a maximum of three years from the date the membership is granted.
  - (3) **STUDENT MEMBERSHIP:**  
May be granted providing he/she is undertaking a recognised course of training in Naturopathy, Nutrition, Homeopathy, Western Herbal or Chinese Herbal Medicine or Ayurveda at an Australian Recognised Training Organisation (RTO) or University.
  - (4) **ASSOCIATE MEMBERSHIP:**  
May be granted providing he/she holds a supportive interest in the Association’s Aims and Objectives, is over 18 years of age and who meets the requirements of step 6 (b).
    - (4.1) Associate membership may also be granted to an applicant who wishes to hold CMA membership (with no provider status) whilst retaining another association’s membership, which provides Health Fund benefits.

Please note that entry standards for the CMA are regularly reviewed to reflect the growing requirements being developed within the profession.

The Executive stress that the above entry criteria can change at any time without notice and is provided as a guide only to applicants to assess their eligibility. The final decision rests with the Federal Executive of the Association who reserve the right to treat each application individually, without being restricted or bound by these guidelines.

## 7. OTHER PROFESSIONAL MEMBERSHIPS

- (1) Other professional associations/bodies that you are **or** have been a member of:.....
- (2) If applicable, how long have/did you hold membership? .....
- (3) Have you ever been refused entry to a ‘natural therapy’ association/body? Yes  No
- (4) Have you ever been disciplined **or** expelled from a ‘natural therapy’ association/body? Yes  No
- (5) Have you ever been investigated by any health fund? Yes  No
- (6) Have you ever been convicted of a criminal offence **or** faced disciplinary proceedings? Yes  No
- (7) Do you have any pending complaints against you? Yes  No

\* If Yes to any of the above, please attach evidence or further information.

## 8. INSURANCE

If membership is approved and you are currently practicing, you must hold valid insurance. If cover isn’t held at the time of application it can be forwarded after approval.

Name of Insurer ..... Expiry Date .....

Level of professional indemnity cover \$ ..... Level of public liability cover \$ .....

Professional indemnity is to be a minimum of \$2M and public liability \$10M. Please provide a copy of your certificate.

## 9. APPLICATION AND MEMBERSHIP FEES

- Membership runs per calendar year. Pro-rated membership fees are set as per the below.
- Invoices will be issued upon receipt of application.
- Application and Membership fees once paid, are non-refundable.

Membership Level	1st Quarter Jan - March	2 <sup>nd</sup> Quarter April –June	3 <sup>rd</sup> Quarter July – September	4th Quarter October - December
FULL - <b>\$320 pa</b>	\$320.00	\$240.00	\$160.00	\$80.00
*FULL - <b>\$160 pa</b>	\$160.00	\$120.00	\$80.00	\$40.00
PROVISIONAL - <b>\$200 pa</b>	\$200.00	\$150.00	\$100.00	\$50.00
ASSOCIATE - <b>\$80 pa</b>	\$ 80.00		\$40.00	
APPLICATION FEE	\$45.00 once only			

\*Full non-practising membership may only be applied for / granted to existing Members

## 10. DECLARATION:

*I SOLEMNLY AND SINCERELY DECLARE THAT:*

- (1) *I am the person named and shown in the documents accompanying this application, (which consists of 4 pages).*
- (2) *Documentary evidence of my educational and professional qualifications submitted with this application remain current at the date hereof and no action is pending in respect thereto.*
- (3) *I agree to be bound and abide by the rules and regulations established by the Federal Executive of the Complementary Medicine Association Ltd. Including, but not limited to its Constitution, Code of Ethics and By Laws.*
- (4) *I acknowledge that the Federal Executive of the Complementary Medicine Association Ltd may in its absolute discretion grant or refuse membership of any or all disciplines applied for, or withhold, suspend or withdraw membership in general or in respect of any disciplines without assigning any reason therefore.*
- (5) *I confirm that this application is submitted with full knowledge and consent that in the event of membership being refused the application fee is not refundable. I further confirm with full knowledge and consent, that should a membership be granted, all monies paid are not refundable.*

*I MAKE THIS SOLEMN DECLARATION, CONSCIOUSLY BELIEVING SAME TO BE TRUE AND BY VIRTUE OF THE PROVISIONS OF THE "OATHS ACT OF 1900 – 1935". SUBSCRIBED AND DECLARED AT*

Signed by..... This .....day of .....20.....  
(Applicant's signature)

Before me ..... Authorised Persons Name.....  
(Authorised persons signature)

Location..... Phone.....

MAIL ORIGINAL APPLICATION AND CERTIFIED QUALIFICATION DOCUMENTATION TO:  
CMA Federal Administration  
P.O. Box 1109, OXFENFORD QLD 4210  
[admin@cma.asn.au](mailto:admin@cma.asn.au)  
(07) 5580 5990