



HAND THERAPY NEW ZEALAND

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This form is to confirm 1800 hours in the treatment of a variety of Hand and Upper Limb conditions accumulated within the last 3 year period.
Conditions involving the forearm and hand should comprise 70% or more of the case load.

HTNZ REGISTERED MEMBERSHIP APPLICATION – EVIDENCE OF 1800 TREATMENT HOURS	
APPLICANT INFORMATION	
Applicant's name:	
Applicant's position:	
Applicant's responsibilities/caseload:	
Breakdown of hours achieved (ie hours per week, weeks worked per year)	
Total hours achieved:	
Workplace/employer name:	
Workplace/employer address:	
Applicant's dates of employment at current workplace:	
Signature:	Date:
By signing this declaration you confirm you have worked 1800 hours or more of clinical hand therapy - working in direct contact with patients with hand or upper limb conditions in the last 3 years.	
EMPLOYER INFORMATION	
Employer's name:	
Employer's position:	
Employer's phone number and contact email address:	
Employer's relationship to applicant (eg 'Supervisor'):	
Signature:	Date:
By signing this declaration you confirm that the applicant has, in your knowledge, worked 1800 hours or more of clinical hand therapy - working in direct contact with patients with hand or upper limb conditions in the last 3 years.	

This form may be duplicated if needed for more than one employer. In this case, applicant and employer to make a note of how many clinical practice hours worked at current workplace in the space provided for signature.