

Title	
First Name	
Last Name	
Postal Address	
Suburb	
State	
Phone No.	
Mobile No.	
Fax No.	

- Full** Includes: Acupuncture, Naturopathy, WHM
- Professional** Member of a registered healthcare profession (i.e. General Practitioner, Chiropractor, Osteopath, Physiotherapist, Nurse etc) or Homeopath holding a current TGA exemption certificate
- Associate** Includes Massage Therapists, Students, other
Required – documentary evidence of above qualifications, TGA exemption certificate, professional registration etc

Required Information

Accredited Modalities

Part 1 – Existing Accredited Modalities

You are currently accredited for the following:

--

(If the area is blank or you wish to add extra modalities please go to part 2)

Part 2 – Adding New Modalities

The ASBRM will accredit the modalities below where the applicant has a recognized Advanced Diploma, Degree or Post Graduate certificate in the modality for which accreditation is sought.

Documented evidence must be included with applications for accredited modalities and must include evidence of current malpractice insurance for the modality.

Accreditation Sought	Please tick
• Naturopathy	
• Homeopathy	
• Western Herbal Medicine	
• Dorn Therapy	
• Biomesotherapy*	
Evidence of qualification attached	
Evidence of current insurance attached	

Professional Indemnity Insurance

If this date has expired or is blank you must send copies of your current insurance.

--

***Your Insurance Schedule must show Biomesotherapy as an insured modality**

First Aid

If this date has expired or is blank you must send copies of your current first aid certificate.

--

Website Consent

I consent to have my details listed on ASBRM websites as a practitioner (please tick if you agree)

PLEASE NOTE ANY ALTERATIONS CLEARLY

CPE

All Full Members and all Biomesotherapy Accredited Members are required to complete a minimum of 20 hours Continuing Professional Development each year. Please complete the attached 'Continuing Professional Development' form.

I have completed this years CPE requirement.

Signature _____

Biomesotherapy Practitioners Only

For all Naturopathic/Homeopathic/WHM graduates who have completed training prior to January 2003, completion of 'Managing Infection Control' HLTIN504A (now HLTIN504B) is a **mandatory requirement** for ongoing accreditation of Biomesotherapy. EXEMPT: Acupuncturists, Chiropractors, Registered Nurses and Medical Doctors. Naturopathic/Homeopathic/WHM graduates who have trained after January 2003.

I have enclosed documentary evidence of completion of HLTIN504A (now HLTIN504B)

Payment

Annual Membership Fee:

Australian Members:

Non-Biomesotherapy: \$85.00
Biomesotherapy: \$95.00

New Zealand Members:

Professional & Associate Members: \$85.00 (AUS)

I have enclosed a cheque/money order for the amount of \$ _____

OR

Please debit my credit card for the amount of \$ _____

Visa

Mastercard

Bankcard

Card number

Expiry date

__ / __ CVV _____ (found on back of card)

Name on card

Signature

Please return this form via post, email scan or fax, with Evidence papers & payment to:

ASBRM: PO Box 236, GLENSIDE, SA 5065
Ph/Fax (08) 8338 2144
Email: info@asbrm.com.au