**Application Form NVA Membership**

**Please print and sign the application form after completion.**

1: Information

First read the information regarding the admission requirements on the website. https://www.acupunctuur.nl/pages/information-in-english

If you think you are eligible for membership, go to step 2.

**NOTE**: If you want to apply for aspirant (student) membership, please use the Application Form NVA Aspirant Membership.

**2:** **Personal Information**

Name:  Prefix:  Initials:  M/F

Date of Birth: Nationality: (For non-Dutch applicants, please also fill in step 7A).

Home Address: Post Code / City:  /

Home Phone:Mobile Phone:

Email:       Website:

(for the purpose of NVA matters).

Commanding the Dutch Language:       (yes/no)(if no, please also fill in step 7B/C)

**3**. I am applying as a: Practicing member **(Praktiserend lid, PL)** Special (non-practicing) member **(Buitengewoon lid, BGL)**

(Please tick the applicable box).

**4: Information about Acupuncture Training: complete A, or B.**

 **4A**. I have a degree of an NVA-approved Acupuncture training institute **\*** Please enclose a copyof the diploma

Name Training Institute:  City:  Diploma obtained:

Number of hours of traineeship: **\***

**4B**. I have a degree of an Acupuncture training institute outside the Netherlands **\*** Please enclose a copy of the diploma

Name Training Institute:  Country:  City:  Diploma obtained:

Number of hours of traineeship: **\***

I am willing to participate in the regular Acupuncture examination of one of the NVA-approved Acupuncture training institutes. (yes/no)

**5: Information about Western Medical Education: complete A, B, C or D.**

**5A.** I have completed an NVA-approved HBO/WO (College/University) education **\*** Please enclose a copy of the diploma.

Name Education Institute:  City:  Diploma obtained:

If applicable:I am registered in the BIG-Register,

under number:  expiry date:

**5B.** I have completed HBO/WO (College/University) education not approved by NVA **\*** Please enclose a copy of the diploma, curriculum and list of grades.

Name Education Institute:  City:  Diploma obtained:

I am willing to participate in the AMO test (Basic Medical Education) if required by the department of Education and Science (O&W). (yes/no)

**5C.** I have completedHBO/WO (College/University) equivalent education outside the Netherlands **\*** Please enclose a certified copy of the diploma.

Name Education Institute:  Country:  City:

Name Education:  Diploma obtained:

My diploma evaluation\* IcDW is considered equivalent to the Dutch education:  **\***Please enclose diploma evaluation IcDW.

**5D.** I haveaCPION-approved MBK (Basic Medical Education) education of at least 40 ECTS **\*** Please enclose a copy of the diploma.

Name Education Institute:  City:  Diploma obtained:

**6: Continuing Education and Membership**

**6A. Member of a Professional Association for Acupuncture**

At this moment, as a professional acupuncturist, I am / I am not a member of a Professional Association.Name Professional association:  membership date: **\***please enclose certificate of registration.

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**6B. Continuing education and membership admission**

As of 1 June of the year following the year in which the Acupuncture diploma was obtained, it is required, in order to be admitted as a member, to have followed 2 days of professional continuing education per year, with a maximum of 6 days. As of 1 June of the year following the year in which the WM diploma was obtained, it is required, in order to be admitted as a member, to have followed 1 WM day per year.

For my current Professional Association, I followed days of continuing education during the past years (maximum of 3 years) **\*** Please enclosecertificates,or proof of registration of your current Professional Association.

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**6C.** I have  (number of years) of work experience. If work experience is more than 2 years, please indicate the number of patient-contact hours during the past 2 years (number per year) \* Please enclose auditor’s report or specification of turnover for tax return.

**7. Non-Dutch Nationality / Commanding the Dutch language** Complete if applicable

**7A**. I have lived in the Netherlands since:  **\***Please enclose copy of residence permit

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**7B.** My command of the Dutch language is not yet sufficient (at least NT2 level B2), but I am currently following a training course. **\***Please enclose proof of attendance.

In practice, I mainly use the following language:

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**7C.** My command of the Dutch language is not yet sufficient (NT2 level B2), but I can prove that my command of the English language is at least at CEFR level B2. (yes/no)**\***Please enclose proof.

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**7D.** I have experience working in Dutch health care. Please describe below how and where the experience was gained.

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# 8. Registration at the Chamber of Commerce (KVK - Kamer van Koophandel)As of 1 July 2008, the Trade Register Act is in effect. This means that all companies and legal persons in the Netherlands are obliged by law to register with the Trade Register of the Chamber of Commerce. Acupuncturists are also obliged to do this. When you apply for your AGB-code at Vektis, you must enclose your Chamber of Commerce registration.SBI-code for registration Chamber of CommerceWhen registering at the Chamber of Commerce, you must indicate which company code is applicable to you. Physician-acupuncturists use code 86.21, the code for GP practices. All other acupuncturists are in category 86.91.9.

**9.\* *Forms that are not fully completed, or forms without the required attachments, will not be accepted****.*

I declare that the information given above is accurate and true, and that no information that would mean an impediment to NVA membership and/or my professional activities as an acupuncturist, has been withheld (e.g. cancellation BIG-registration, relevant disciplinary or criminal rulings).

I have taken note of the **Statutes and Regulations**, and I am aware of the fact that, when admitted as a member, my professional actions and **practice** are subject to these.

**When all questions have been answered, please print and sign the application form.**

Place and date:       Signature:

Please send the application form and attachments to: nva@acupunctuur.nl, preferably by email.

If you have a large number of files that cannot be sent in one email, please try sending the files via We transfer: [https://wetransfer.com](https://wetransfer.com/) . You can use We Transfer free of charge for up to 2 GB. This enables you to send all documents at the same time.

You can also send your application by post to: Secretariaat NVA, Van Persijnstraat 17, 3811 LS Amersfoort.