**Application Form NVA Aspirant 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, please go to step 2.

 **2: Personal Information**

Name: Prefix:  Initials:  M/F:

Date of Birth: Nationality:  (for non-Dutch applicants, please also fill in Step 6A).

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 6B/C)

 **3: Information about Acupuncture Training: complete A or B**

 **3A**. I am studying at an NVA-approved Acupuncture training institute.

Name Training Institute:  City:

I am in Year **\*** and expect to graduate in **-** (month)-(year)

**\*** Please enclose proof of registration current school year.

 **3B**. I have a degree of an NVA-approved Acupuncture training institute **\***Please enclose a copy of the diploma.

Name Training Institute:  City:  Diploma obtained:

Number of hours of traineeship: **\*** andI am currently attending Western Medical training.
**Continue with question 4E.**

 **4: Information about Western Medical Training: complete A, B, C, D, E or F.**

**4A.** 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:

 **4B.** 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 AMO test (Basic Medical Education) if required by the department of Education and Science (O&W). (yes/no)

 **4C.** 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.

 **4D.** I have a CPION-approved MBK (Basic Medical Education) diploma (at least 40 ECTS) **\*** Please enclose a copy of the diploma.

Name Education:  Diploma obtained:  SHO registration number:

 **4E.** I am studying at an NVA-approved Western Medical training institute.

Name Training Institute:  City:  **\*** Please enclose proof of registration current school year.

I am currently in Year **\*** and expect to graduate in **-** (month)-(year).

 **4F.** After obtaining my Acupuncture degree, I am going to attend Western Medical training at Training Institute  and I expect to have obtained the Acupuncture degree, as well as the Western Medical Degree in **-** (month)-(year).

 **5. Other relevant Western Medical diplomas / work experience (if applicable)**

In addition to my acupuncture/MBK studies, I am currently working as:I am enclosing my diplomas for your information.

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

**6A**. I have lived in the Netherlands since:  **\***Please enclose copy of residence permit.

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**6B.** 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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**6C.** My command of the Dutch language is not yet sufficient (at least NT2 level B2), but I can prove that my command of the English language is at CEFR level B2. (yes/no) **\***Please enclose proof

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**6D.** I have experience working in Dutch health care. Please describe below how and where the experience was gained.

**7**\* ***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 through 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.