

THE INTERNATIONAL SCHOOL & ASSOCIATION OF
AMATSU JAPANESE INTEGRATED MEDICINE



PRACTITIONER MEMBERSHIP APPLICATION FORM

Full Name: _____

Date of Birth: _____

Home Address: _____

Mobile: _____

Email: _____

Japanese Integrated Medicine Qualifications

Please tick which Diplomas you have successfully obtained.

Japanese 'Anma' Massage with Acupressure

Japanese Physical Medicine

Japanese Acupuncture

Other.....

Clinic Name :

Clinic Telephone :

Clinic Address :

Clinic Email :

Clinic Website :

Please include my details on the Register of Practitioners

I confirm that I am insured with the appropriate level of cover in place

Insurance Company:

Policy Number:

Copy attached: Y / N

* One CPD course is included as part of your membership. The cost of a second CPD will be £250.

* Members are required to complete annual CPD.

Applicant Declaration:

As a Practitioner Member I agree to abide by the following requirements:

- Ensure my own Continuous Professional Development by completing a minimum of x1 CPD per annum
- Have suitable insurance cover as a Practitioner.
- Practice only to the level I am qualified and always in a professional manner.
- Provide up to date personal details for inclusion on the Register of Approved Practitioners
- I am aware that Membership Fees are non-refundable

I (full name) _____ make application to become a Practitioner Member.

Signed _____ Date _____

* COMPLETED FORMS SHOULD BE EMAILED TO: japaneseintegratedmedicine@gmail.com

* PLEASE ALSO SEND A PHOTO OF YOURSELF (selfie/headshot) FOR INCLUSION ON THE REGISTER OF PRACTITIONERS
