

# APPLICATION FOR NZSTA MEMBERSHIP UNDER THE AGREEMENT FOR THE MUTUAL RECOGNITION OF PROFESSIONAL ASSOCIATION CREDENTIALS (MRA) Updated 2017

This application form must be used by ASHA certificate holders, certified members of SAC, RCSLT and Speech Pathology Australia and full members of IASLT applying for full membership of NZSTA under the Agreement for the Mutual Recognition of Professional Association Credentials Updated 2017.

Please read the [MRA Application Procedure](#) before completing this application form.

1. Applicants must complete **ALL** sections of this form in **black** ink in **BLOCK CAPITALS**.

## **Personal Information**

Full Name

Title:	First Name:	Middle Names:	Last Name:
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If your name on this application has changed (either through marriage or some other event) from the name on any of the supporting documentation, please attach a *certified<sup>1</sup> copy* of the official document registering this change.

Date of Birth

Date:	Month:	Year:
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Mailing Address

Street Number:	Street Name:	Suburb:
Town/City:	Post/ZIP code:	Country:
Phone:		Mobile phone:
Email:		

## **Current certifications**

My Home Association is *(please specify)* \_\_\_\_\_  
 Certification or Membership number *(please specify)* \_\_\_\_\_

<sup>1</sup> 'Certified' evidence is a 'certified true copy'; as outlined in point 12 of the Procedure document.

Name of Registering/Licensing Body: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Have any previous applications been rejected by any of the Signatory Associations (*please circle*)?

**Yes**                      **No**

If **yes**, which Association? \_\_\_\_\_

Please provide details on a separate page.

**Professional Information** (Please attach a resumé/curriculum vitae of work experience and professional development undertaken)

Are you currently employed (*please circle*)?

**Yes**                      **No**

If **yes**, please give details.

**Employer Details**

Name:	
Contact person: ( <i>supervisor/manager</i> )	
Address:	
Telephone:	
Email:	

**Education** (Please provide the following information regarding any graduate or postgraduate qualifications of relevance to the practice of speech-language therapy)

Name of conferring institution:	Country in which the qualification was completed:	Formal title of qualification received:	Date awarded: (dd/mm/yy)
1.			
2.			
3.			

**Disclosure Information**

1. Have you ever been convicted of a criminal offence or an offence related to the practice of speech language therapy *(please circle)*?  

**Yes**                      **No**
  
2. Have you been the subject of a finding of professional misconduct, incompetence or incapacity by your Home Association or any other body *(please circle)*?  

**Yes**                      **No**
  
3. Have you ever been disciplined or sanctioned, or are there any disciplinary proceedings pending against you before any professional association, professional licensing authority or board, or other professional regulatory body *(please circle)*?  

**Yes**                      **No**

If you answered yes to any of the above please provide details on a separate piece of paper. Include the nature of the offence; the date of the offence; the nature of any penalties or rehabilitation requirements imposed and any other relevant factors you would like the NZSTA to consider.

**NOTE:** A criminal conviction, disciplinary action or sanction will not automatically preclude membership. The NZSTA will consider all relevant factors.

## Consent

I consent to sharing with NZSTA all information held by \_\_\_\_\_ [name of Home Association] regarding any pending charges, convictions and disciplinary actions against me, including any that may arise subsequent to this application.

## Declaration

- A. I affirm that the information I have provided on this application is accurate.
- B. I have read and agree to abide by the [NZSTA Principles and Rules of Ethics](#).
- C. I agree to abide by all standards required to maintain membership and I understand that, once I receive membership, my membership status may be made available to the public.
- D. I agree that the results of my application may be shared with the other Signatory Associations for research purposes and no identifying information will be included.
- E. I have requested my Home Association forward a **letter of good standing** attesting that I hold current certification/full membership.

Date: \_\_\_\_\_  
date / month / year

Applicant Signature: \_\_\_\_\_ Witness<sup>2</sup> Signature: \_\_\_\_\_

### **Payment Details**

Payment due for MRA Application; **must be** in New Zealand Dollars: NZD \$625.00

**Enclosed is my bank draft made out to NZSTA**

**OR**

**Electronic payment to NZSTA account number: 38 9012 0192936 00,  
swiftcode is KIWINZ22 (Kiwibank use Citibank for international transactions)  
Please make sure you pay ALL bank fees**

<sup>2</sup> A witness is a Solicitor/Lawyer, Notary Public or Justice of the Peace as per point 12 in the Procedure document.

## Application Checklist

Please refer to the [MRA Application Procedure](#) when completing this checklist.

### I have:

1. Requested a *letter of good standing* be sent from my Home Association verifying current certification/full membership. Enter the date requested.
2. Included a *certified*<sup>1</sup> copy of the official document registering a change in name (if applicable).
3. Included the original copy of IELTS "Academic" results (if applicable).
4. Included a professional resumé/curriculum vitae of work experience.
5. Certified<sup>1</sup> evidence of having completed 1000 hours of speech-language therapy practice within the 5 past years.
6. Certified<sup>1</sup> evidence of having completed one year of supervised clinical speech-language therapy practice in my country of certification.
7. **For ASHA certification holders who graduated with a master's degree in speech-language therapy pathology prior to 1998**   
  
Included certified<sup>1</sup> evidence of competency in dysphagia assessment, diagnosis and management, either through evidence of specific courses or previous experience certified<sup>1</sup> evidence of having completed one year of supervised clinical speech-language therapy practice in my country of certification.
8. **For clinically certified members of SAC who graduated prior to 1999**   
  
Included certified<sup>1</sup> evidence of competency in dysphagia assessment, diagnosis and management, either through evidence of specific courses or previous experience.
9. **For full members of IASLT who graduated prior to 1999**   
  
Included certified<sup>1</sup> evidence of competency in dysphagia assessment, diagnosis and management, either through evidence of specific courses or previous experience.
10. **For certified members of RCSLT who graduated prior to 1998**   
  
Included certified<sup>1</sup> evidence of competency in dysphagia assessment, diagnosis and management, either through evidence of specific courses or previous experience.

***I understand that:***

1. This application will not be processed if the above consent and declaration sections are not completed and signed.
2. Applications submitted without payment will be rejected.
3. It is my responsibility to maintain membership and meet all individual requirements of NZSTA (and my Home Association if I so choose). Failure to maintain the requirements of my Home Association may result in me being required to complete the full process for entering practice in my home country upon return.

Date: \_\_\_\_\_  
date / month / year

Applicant Signature: \_\_\_\_\_

Witness2 Signature: \_\_\_\_\_

***Please send the completed application and supporting documents to:***

MRA Application  
NZ Speech-Language Therapists' Association  
PO Box 10-087  
Wellington, 6143, New Zealand

***This application will not be processed until your \$625.00 NZD has been paid.***