



# Chiropractic Board

## Application for Registration

(Practitioners seeking to be registered with a scope of practice)  
under the Health Practitioners Competence Assurance Act 2003

### PERSONAL AND CONTACT DETAILS

Given/First/  
Christian Names:

Title Dr/Mr/Mrs/Miss/Ms

First Name

Other Names

Family Name:

Family Name

Previous Names  
you have used:

Date of Birth:

DD/MM/YY

Sex:

Male

Female

Residential Address:

Postal Address:

Work Address:

Email Address:

Telephone Number:

Home

Work

Mobile

Please note that the Chiropractic Board has determined that it will publish the work address in the Register of Chiropractors.

Have you ever applied for registration as a Chiropractor before?

Yes

No

Have you ever been convicted by any court in New Zealand or elsewhere of an offence punishable by imprisonment for a term of three months or more?

Yes

No

### FOR OFFICE USE:

Date application received:

Date banked:

Date received by Registrar:

The text of the Scope of Practice for Chiropractic in New Zealand is attached as an addendum to this application form.

**QUALIFICATIONS**

Qualification held to support application for the scope above.

(i) Qualification:

Granting Institution:

Country:  Graduation Date:

(ii) Qualification:

Granting Institution:

Country:  Graduation Date:

Other Qualifications:

- Please supply a notarised copy of your qualification.
- Please supply two character references in support of this application.
- Please supply a recent notarised photograph of yourself.
- Please supply a letter of good standing from the last chiropractic registration authority in which you were registered.

**IMPORTANT NOTE FOR APPLICANTS**

The Chiropractic Board may, if it thinks fit, receive any information from, or question, the applicant, or any other person, in respect of an application being considered by the Board. For the purposes of any such questioning, the Board may administer an oath to any person. Before the Board questions any other person about the applicant, it must advise the applicant about the identity of the persons to be questioned and the nature of the questions.

The Chiropractic Board will not process applications, until they are complete.

Under the provisions of part 2 section 19 (1) of the HPCA the Chiropractic Board must consider a duly completed application as soon as reasonably practicable after receiving it. The Board's timeframe guide for processing application from the date they are complete is five weeks for overseas applications and four weeks for New Zealand applications.

**STATUTORY DECLARATION**

CONSIDER THE DECLARATION BELOW CAREFULLY, BEFORE YOU SIGN.

I solemnly and sincerely declare that:

1. All of the information provided with this application is true and correct in every particular and detail.
2. I will provide the Chiropractic Board with any such further information as it may require.
3. I am fit for registration as defined under the Health Practitioners Competence Assurance Act 2003.
4. I do not have a mental or physical condition that precludes me functioning as a safe and competent practitioner.
5. I know of no information that could cause the Chiropractic Board not to be satisfied that I am a fit and competent person to be registered.

I \_\_\_\_\_ (full name)  
 of \_\_\_\_\_ (insert place of abode),

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Declared at \_\_\_\_\_ (place) this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_  
 Before me \_\_\_\_\_ (name) position \_\_\_\_\_  
Justice of the Peace or other person authorised to take a statutory declaration.

Address \_\_\_\_\_  
 \_\_\_\_\_

Stamp \_\_\_\_\_

*Note: If the statutory declaration is made in New Zealand, it must be made before a person entitled under the Oaths and Declarations Act 1957 to take statutory declarations (Justice of the Peace, solicitor, notary public, Registrar or Deputy Registrar of the High Court or any District Council, authorised officer in the service of the Crown, any member of Parliament).*

**CHECKLIST**

- The registration application fee (NZ\$150). (Board GST No 73 081 076). Please note that the Board does not issue invoices for the registration fee. **NB: This fee is not refundable whatever the outcome of the application.**
- Two character references.
- Letter of good standing.
- Notorised recent photograph of yourself.
- Notorised copies of qualifications.

REMEMBER TO KEEP COPIES OF YOUR APPLICATION FORM AND ALL ACCOMPANYING DOCUMENTS

**PAYMENT FORM**

Chiropractic Board GST No. 73 081 076

Enclosed is my cheque/bank draft for NZ\$150 made payable to the **New Zealand Chiropractic Board**.

**CREDIT CARD**

Please debit my (tick one)  Visa  Bankcard  MasterCard

Card Number

Expiry Date   /

Cardholder's Name

Cardholder's Signature

**FOR OFFICE USE**  Date Banked  Signed

Post this application and supporting documentation to:  
 The Registrar  
 Chiropractic Board  
 P O Box 10-140  
 Wellington  
 New Zealand



# Chiropractic Board

## Addendum A:

### Scope of practice for the practice of chiropractic in New Zealand

**This scope of practice for the chiropractic profession in New Zealand was approved by the Chiropractic Board on 27 March 2004.**

#### ■ SCOPE OF PRACTICE: CHIROPRACTOR

Chiropractic is a primary healthcare profession concerned with the relationship between structure (primarily of the spine) and function (primarily of the nervous system) as that relationship may affect the restoration, preservation and promotion of health and well-being. Chiropractic principles recognise the inherent recuperative power of the body.

Essential to the practice of Chiropractic are:

- the assessment of conditions related to the spine, non-spinal articulations and the neuro-musculo-skeletal system.
- the diagnosis, prevention, rehabilitation, management of and education about those conditions.

#### Aspects of chiropractic

(1.) Forming and communicating a differential diagnosis, diagnosis or clinical impression to identify a cause which impacts on a person's symptoms, neuro-musculo-skeletal system, and / or well-being and relates to:

- disorders arising from structures or functions of the spine and their effects on the neuro-musculo-skeletal system and/or
- disorders arising from structures or functions of the non-spinal articulations.

#### **Note:**

Primary contact objectives mandate an appropriate level of competence in the disciplines of: anatomy, physiology, orthopaedics, neurology, rheumatology, pathology and clinical practice in order to:

- recognise conditions requiring referral to other health care practitioners and make such referrals as appropriate. (Such referral does not obviate the responsibility of the chiropractor for providing appropriate chiropractic care.)

- recognise contraindications to chiropractic care
- recognise the need to modify chiropractic techniques as required
- recognise the need for concomitant care
- recognise and respect the cultural values of individuals and families.

(1.) (a) In the process of forming a differential diagnosis, diagnosis or clinical impression a chiropractor may:

- elicit a case history and conduct appropriate components of a routine physical examination.
- perform a comprehensive functional spinal assessment.
- take or order x-rays as an analytical tool used in the detection, location, evaluation, reduction, correction and monitoring of spinal and / or non-spinal articulations, dysfunctions, and to determine structural integrity, anomalies, mobility / immobility, and contraindications to chiropractic care.
- utilise other diagnostic modalities consistent with chiropractic practice including by way of example and not by way of limitation: neurocalometry, thermography, surface electromyography (sEMG).
- order or make recommendations for other such diagnostic or analytical tests consistent with chiropractic practice including by way of example but not by way of limitation: bioanalytical laboratory tests, diagnostic musculo-skeletal ultrasound, radiology, computerised axial tomography (CT), magnetic resonance imaging (MRI), radio-isotope bone scan, invasive electromyography and nerve conduction studies.

(2.) In the process of delivering chiropractic care, a chiropractor may:

- utilise chiropractic adjustment(s) and / or

manipulation(s) in order to address:

- (i) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the neuro-musculo-skeletal system; commonly referred to by chiropractors as the vertebral subluxation complex (VSC);
- (ii) dysfunctions or disorders arising from the structures or functions of the non-spinal articulations.

- manage dysfunctions or disorders arising from: environmental, physical, psychological and nutritional irregularities which can impact on the neuro-musculo-skeletal system and the well-being of the person.
- utilise adjunctive or supportive procedures and advice including by way of example but not by way of limitation: myofascial trigger point therapy and other soft tissue techniques, application of heat / ice, taping, bracing, stretching, strengthening exercises, dietary advice, nutritional supplementation, ergonomic assessment and guidance, psycho-social support, physiological therapeutics (e.g. ultrasound) and other healthful living practices.
- recommend and deliver chiropractic care as determined by chiropractic analytical procedures, even in the absence of subjective symptoms.
- recognise the need for activity based rehabilitation incorporating a cognitive behavioural approach and either provide or refer patients as required for activity based rehabilitation.
- insert a gloved finger into the oral cavity for the purpose of adjusting the temporomandibular joint (TMJ) and cranial articulations.
- insert a gloved finger into the nasal passage for the purpose of adjusting cranial articulations.
- insert a gloved finger beyond the anal sphincter for the purpose of adjusting the coccyx and testing for sphincter integrity.
- provide chiropractic care across the full spectrum of: gender, age, religion and culture. Chiropractic care can also extend to animals.

(3.) Where a Doctor of Chiropractic:

- can demonstrate: academic, post graduate certification, diploma/ diplomate status within and/or
- holds New Zealand registration within another health care discipline, that Doctor of Chiropractic

may utilise his/her specialities in conjunction with, or preparatory to, their care regime for the well being of patients.

**Note:** only appropriately qualified practitioners are able to perform analysis and provide chiropractic care for non-spinal articulations.

In the course of carrying out Chiropractic services, the Doctor of Chiropractic must adhere to the New Zealand Chiropractic Board's *Code of Ethics and Standards of Practice* and other directives of the New Zealand Chiropractic Board and abide by relevant Government legislation and common law.

### Glossary of Terms

**Adjustment:** A range of techniques including the classic high velocity, low amplitude dynamic thrust through to very light forces or contact, and may also include instrument, or specialised table-assisted delivery. Adjustment may involve moving the joints of the spine and/or non-spinal articulations through an individuals usual, and when indicated and appropriate, beyond the normal physiological range of motion, but within the limits of anatomical integrity.

**Manipulation:** A manual procedure that involves a directed thrust to move a joint past the physiological range of motion, without exceeding the anatomical limit.

**Subluxation:** A motion segment in which alignment, movement integrity and / or physiological function are altered although contact between joint surfaces remains intact.

**Vertebral Subluxation Complex:** A model of motion segment dysfunction (subluxation) which incorporates the complex interaction of pathological changes in nerve, muscle, ligamentous, vascular and connective tissues and may influence organ system function and general health.

### QUALIFICATIONS FOR THE SCOPE OF PRACTICE OF CHIROPRACTOR

Bachelor of Chiropractic from the New Zealand College of Chiropractic, Auckland **or**

A pass in an examination set by the Chiropractic Board for Chiropractors trained overseas **or**

*Registration with any state or territory authority in Australia which performs the function of registering Chiropractors under the provisions of the Trans-Tasman Mutual Recognition Act.*