

Application for Accreditation (Individuals)  
 (Graduates of an Institution **not** Accredited by ACHA)

**Personal Details**

Name	Title (Mr, Ms etc.)	Given Names	Surname
Mailing Address			
	State	Email	
Phone	Day	Evening	Mobile

**Application Information**

Ordinary (Professional) Membership cost: \$20.00 Joining Fee (paid only once), \$100.00 Annual Fee.  
 If you are a graduate of an educational institution not yet accredited by ACHA, and wish to obtain Ordinary /Professional Membership you must show evidence that your study or experience meets with the *ACHA Minimum Standards for Accreditation*.

ACHA requires you to provide the following information. When doing so, you will need to address yourself to the *ACHA Minimum Standards for Accreditation*.

- **Evidence of formal education**

List and attach as much documentary evidence as possible including copies of academic transcripts, course outlines, certificates etc. Also provide the full name, address and telephone number of the awarding institutions, **and/or**

- **Evidence of non formal education**

Describe in writing, your experience, skills, achievements, and attach any documentary evidence supporting your application for membership.

- **To assist the Management Committee**, please complete the table below, by indicating against each subject area, the number of hours you have studied (if any) within that subject area. You will need to refer to the *ACHA Minimum Standards for Accreditation* to view the contents of the subject areas.

Subject Area (from Standards)	Number of Hours
Introductory Studies	
Benefits and Uses	
Anatomy & Physiology	
Gastrointestinal Tract	
Closed Method	
Oxygen Therapies	
Clinical Practice	

**Declaration**

I declare that the information I have provided is true to the best of my knowledge. I understand that ACHA will advise me in writing of the outcome of my application.

Signature \_\_\_\_\_ Date \_\_\_\_\_