



THE SOCIETY OF AURICULAR ACUPUNCTURISTS

Annual Practical Re-assessment

Data Protection: The information given in this form is needed for your application and is entered into a database. Copies of the material will be retained for use solely by The Society of Auricular Acupuncturists and will not be released for any other purpose without your permission. By signing this form consent is assumed.

PERSONAL Please complete clearly and FULLY in BLOCK capitals ALL sections

NAME (As it will appear on certificate)	Certificate No	Date Qualified
I am over the age of 18 (Please tick)	HOME Tel No (Incl. Code)	
HOME ADDRESS	TOWN:	
COUNTY:	POST CODE:	
MOBILE:	PERSONAL EMAIL:	WORK EMAIL:
NB: Your certificate and other correspondence (beside fee invoice) will be sent to your HOME address		
Has there been a gap of practice non-activity	Y/N	If so how long?
Who are you insured to practice by		

YOUR PLACE OF WORK

Name of Organisation	WORK Tel No (inc code)	
WORK ADDRESS In full		
TOWN	COUNTY	POST CODE

NB: IT IS ESSENTIAL TO GET AUTHORISATION FROM YOUR ORGANISATION IF THEY ARE TO BE INVOICED. FAILURE TO PAY BY YOU OR YOUR ORGANISATION WILL RENDER CERTIFICATE INVALID

INVOICE Address (only if different from above)

Name of Organisation & Contact	
Address	
Post Code	

PLEASE SIGN to confirm that reassessment has been successfully completed

Signature PRACTITIONER	Date :
Signature (Assessor)	Date :
Print Name	(Assessor)

Office use Only

New Cert No	Valid Until	Invoice No
Database update	Letter and certificate sent	Paid