



ATMS COURSE ACCREDITATION APPLICATION FORM

Chiropractic
(Nationally Registered)

Version 1 2016

CONTENTS

Introduction	3
Course Accreditation Application Form – Chiropractic	4
Part A – Course Delivery	4
Part B – Supporting Documentation	4
Part C – Declaration	4
Form Return	5



CHIROPRACTIC COURSE ACCREDITATION

Introduction

Thank you for seeking Australian Traditional-Medicine Society (ATMS) accreditation of your course. Please ensure that you have read the ATMS Recognised Provider of Natural Medicine Training or Education Application Form prior to filling out this document.

This form is only for your institution's course(s) that relate to the ATMS modality "Chiropractic". An Application form needs to be filled out for every course that you are seeking ATMS accreditation for. Common examples of applicable courses are the Bachelor of Health Science (Chiropractic) and Bachelor of Chiropractic. However this form is not restricted to only those course titles.

Recognition for Chiropractic is based on the course (program) being approved by the Australian Health Practitioner Regulation Agency (AHPRA) for general registration in the Profession of Chinese Medicine Practitioner in the Division of Chiropractic.

On this basis, any ATMS accreditation of the course is reliant on the continued approved status for general registration with AHPRA. Any changes to the approved status of the course must be notified immediately to ATMS.

Should you experience any difficulties in completing this form, please do not hesitate to contact the ATMS Office on 1800 456 855.



Course Accreditation Application Form – Chiropractic

College/Provider Name: _____

Title of course to which this application applies:

Part A – Course Delivery

Campus Delivery Locations: *(please only include the details of the campuses in which this the course is taught)*

Part B – Supporting Documentation

The following is a checklist of the documentation that needs to be submitted with the application for course approval. Please provide a copy of the following documents:

- A copy of the course/program structure
- Evidence of AHPRA approval of the course (program) including approval start and end dates

Note: It is suggested that these documents, if posted, are sent by registered mail. ATMS will not take any responsibility for documents lost in the mail.

Part C – Declaration

I declare that I am authorised to complete this form on behalf of the Institution named on this application form, and that all the information provided is true, accurate and complete. I understand that the acceptance of this Form by ATMS does not imply in any way that the specified course will be approved, or will continue to be approved, by ATMS. I further understand that ATMS may make additional inquires, including an onsite visit and inspection of the Institution. (ATMS will provide reasonable prior notice of any such visit/inspection.) I will take all reasonable steps to ensure that ATMS will be advised as soon as practicably possible of any changes to the details provided on this form, including AHPRA approval status. I accept that any approval granted is at all times at the sole discretion of ATMS, and may be withdrawn or varied at any time.

Signature

Date

Name of person whose signature appears above: _____

Position: _____

Phone: _____

Email: _____



Form Return

Thank you for taking the time to complete this form. Please now return the ATMS Recognised Provider of Natural Medicine Education or Training Application Form (if applicable), this form and the supporting documentation requested in Part B to:

ATMS Recognised Provider and Course Accreditations
PO Box 1027
Meadowbank NSW 2114

Enquiries about the progress of a Course Accreditation Application should be made to the ATMS Office on 1800 456 855, or by email at admin@atms.com.au.





ATMS

Australian Traditional-Medicine Society

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