

**Application for inclusion on the ANPA REGISTER of SUPERVISORS**

**Please note:** *Your name and contact details will be placed on the ANPA website. Access to the listing is restricted to ANPA members only.*

Surname: \_\_\_\_\_ First name \_\_\_\_\_

ANPA Membership number: \_\_\_\_\_ Number of years in practice \_\_\_\_\_

Have you supervised students or graduate naturopaths in the past? YES / NO (please circle)

If YES, how many students? \_\_\_\_\_

A. Clinic Observation hours YES / NO (please circle)

Any special requirements \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. Clinical Supervision YES/NO (please circle)

Any special requirements \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Telephone \_\_\_\_\_

Clinic Name \_\_\_\_\_

Clinic Address \_\_\_\_\_

Postal Code \_\_\_\_\_ State \_\_\_\_\_

Please fax, email or snailmail the ANPA office with your name and contact information. Thank you.

FAX: 03 9813 3581

admin@anpa.asn.au