

Application to become registered and licensed to practice
The Niemtzow dry mouth treatment



To ensure prompt review and acceptance of your application please ensure that you complete all sections of this application.

Your Practice name: _____

Your full practice address: _____

Your contact telephone number: _____ Fax no: _____

Your contact email address: _____

How long has your practice been established _____ years _____ months

Are you a sole practitioner Yes / No If a partnership how many partners _____

When and where did you qualify as an acupuncture practitioner?

Please list here your professional qualifications to practice acupuncture

Provide details about your insurance cover

Public and employers liability: name of insurer _____

Limit of indemnity _____

Expiry date _____

Professional Indemnity name of insurer _____

Limit of indemnity _____

Expiry date _____

Are you willing to travel to the United States for training in this treatment protocol in order to practice on behalf of The Dry Mouth Foundation Yes / No?

Print name _____ signature _____ Date _____

You are required to review and complete the "certificate of non disclosure" and return together with this application in order to be considered for approved status with this Foundation. You will not be authorised to practice this technique on behalf of the foundation without the completion of these documents.

Please return your documents to:

The Dry Mouth Foundation. Monometer house. Rectory Grove, Leigh-on-Sea, Essex, SS9 2HN

Or scan email signed and dated document to Drymouthfoundation@gmail.com