



## JOINT CONSULTATIVE COMMITTEE ON ACUPUNCTURE

(A tripartite committee of Australian Medical Acupuncture College (AMAC),  
The Royal Australian College of General Practitioners (RACGP)  
and the Australian College of Rural and Remote Medicine (ACRRM))

### SUPERVISOR PROFILE

This form should be provided by GPs to the **Supervisor** who they complete a Supervised Clinical Attachment with.  
It should be completed by the **Supervisor** and attached by the GP when they submit the application online.  
Form to be completed by **facilitator/supervisor** of a Medical Acupuncture training course being submitted to the  
Joint Consultative Committee on Medical Acupuncture for a Non-AMAC course.

NAME (*please print*): \_\_\_\_\_

UNIVERSITY OF GRADUATION: \_\_\_\_\_ YEAR OF GRADUATION: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ACUPUNCTURE QUALIFICATION: \_\_\_\_\_ YEARS PRACTISING ACUPUNCTURE: \_\_\_\_\_  
(Please attach a certified photocopy of qualification)

ACUPUNCTURE EXPERIENCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE FULL AND UNRESTRICTED REGISTRATION WITH AHPRA?  
If NO, *please detail*: \_\_\_\_\_ YES / NO

(Please attach a certified photocopy of current medical registration)

PRESENT PRACTICE    Full-time     Part-time     If PT, *sessions/week* \_\_\_\_\_

What medical appointments do you hold? (*please specify*)  
\_\_\_\_\_  
\_\_\_\_\_

Do you serve on any medical or academic committees (*please specify*)  
\_\_\_\_\_  
\_\_\_\_\_

Are you a member of any acupuncture organisations (*please specify*)  
\_\_\_\_\_

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Do you have past experience in teaching either undergraduate, postgraduate, or other health professionals? *(If YES, please specify)* YES / NO

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Are you presently engaged in the teaching of undergraduates, postgraduates, or other allied health professionals? *(If YES, please specify)* YES / NO

### REFEREES

To be completed if the Supervisor doesn't hold AMAC Fellowship (has not completed AMAC Part 2 course).

Please provide the full names and addresses of **two** referees below:

1. Name: \_\_\_\_\_ Acupuncture qualification: \_\_\_\_\_  
Years in Acupuncture (please provide detail): \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Acupuncture qualification: \_\_\_\_\_  
Years in Acupuncture (please provide detail): \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

### DECLARATION

I understand that the information included on this form is subject to Privacy Legislation and will not be used for any other purpose other than liaison on the Acupuncture course organisation with the Australian Medical Acupuncture College, The Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM)), and the Joint Consultative Committee on Medical Acupuncture (JCCMA). I agree that my name and contact details as a facilitator/supervisor can be used for the promotion of the Acupuncture course by the JCCMA.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT SURNAME: \_\_\_\_\_

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