

Vabilo k članstvu v Slovensko združenje za kitajsko medicino in akupunkturo

Spoštovani kolegice in kolegi,

v imenu Slovenskega združenja za kitajsko medicino in akupunkturo (SZKMA) vas vabim, da se pridružite naši skupnosti, ki si prizadeva za izboljšanje zdravstvenih storitev, spodbujanje stalnega izobraževanja in promocijo celostnega dobrega počutja. V času, ki zahteva celostne pristope, se zavedamo sinergijskega potenciala združevanja konvencionalne medicine z bogato tradicijo TKM. Z včlanitvijo v naše združenje boste pridobili dostop do mreže izkušenih izvajalcev in raziskovalcev TKM, sodelovali v interdisciplinarnih izobraževalnih programih in prispevali k raziskovalnim pobudam, ki raziskujejo učinkovitost integriranih medicinskih praks. Skupaj lahko širimo razumevanje oskrbe bolnikov in ponudimo celovitejše možnosti zdravljenja.

Naše združenje je zavezano zagotavljanju virov, ki podpirajo vaš strokovni razvoj in osebno dobro počutje. Ponujamo delavnice in seminarje o načelih in tehnikah TKM, priložnosti za sodelovanje pri skupnih študijah primerov ter dostop do najsodobnejših raziskav na področju integrirane medicine. Z včlanitvijo boste postali del napredne skupnosti, ki si prizadeva za izboljšanje rezultatov zdravljenja bolnikov in spodbuja uravnotežen pristop k zdravju.

Pridružite se nam pri premoščanju vrzeli med vzhodnimi in zahodnimi medicinskimi praksami ter prispevajte k prihodnosti, v kateri bo zdravstvena oskrba resnično celostna in osredotočena na pacienta.

S spoštovanjem,
CHENG Ka Pik
Predsednica SZKMA

Pristopna izjava za včlanitev/obnovitev članstva

Vsi bodoči člani Slovenskega združenja kitajske medicine in akupunkturo (SZKMA) morajo izpolniti ta obrazec. Članstvo velja od 1. januarja do 31. decembra istega leta, ko je plačana članarina na:

SZKMA

Podbreznik 15, 8000 Novo mesto

IBAN SI56 6100 0002 3616 452.

I del: Kontaktni podatki člana

NAZIV	☐ Prof. ☐ Dr. ☐ G. ☐ Ga.		
PRIIMEK (kot je naveden na zdravniških licencah)		IME (kot je navedeno na zdravniških licencah)	
ELEKTRONSKI NASLOV			
NASLOV			
KRAJ		POŠTNA ŠTEVILKA	
TELEFON			
NASLOV ZA IZDAJANJE RAČUNOV (za podjetja)			

II del: Vrsta članstva in podatki o plačilu

☐ NOV ČLAN
 ☐ OBNOVITEV ČLANSTVA
 ☐ SPREMEMBA OSEBNIH PODATKOV

VRSTA ČLANSTVA	Opis	Članarina	Prosimo, označite
POLNOPRAVNI ČLAN	☐ TKM izvajalec ¹ ☐ Akupunkturist ² ☐ Zeliščar ³ ☐ Tuina terapevt ⁴ ☐ Terapevt medicinskega qigonga ⁵	200€	
INSTITUCIJA*	Društvo, podjetje ali skupnost se lahko pridruži dejavnostim našega združenja in je z odobritvijo upravnega odbora povabljen na srečanje	100€	
ŠTUDENT/ UPOKOJENEC*	Redni študenti TKM-ja na priznani ustanovi ali upokojeni TKM izvajalci	20€	
SODELAVEC*	Drugi zdravstveni delavci z usposabljanjem iz akupunkturo	50€	

[1] TKM izvajalec (usposobljen diplomant uradno priznanega izobraževanja akupunkturo ali kitajske medicine) - 5-letni dodiplomski študij ali 4-letni podiplomski magistrski študij

[2] Akupunkturist (usposobljen diplomant uradno priznanega izobraževanja za TKM akupunkturo - 3-letni redni študij)

[3] Zeliščar (usposobljen diplomant uradno priznanega izobraževanja za TKM zeliščno medicino - 3-letni redni študij)

[4] Tuina terapevt (usposobljen diplomant uradno priznanega izobraževanja TKM tuina masaže - 3-letni redni študij)

[5] Medicinski terapevt qigonga (usposobljen diplomant uradno priznanega izobraževanja TKM medicinskega Qigonga - 3-letni redni študij)

[*] Nepolnopravni član (institucija, študent, sodelavec) nima pravice glasovati

III del: Podatki o članstvu

Član druge strokovne TKM komisije /kvalifikacije	☐ British Acupuncture Council ☐ NCCAOM ☐ Acupuncture Council of Ireland ☐ Kvalifikacijski izpit za izvajalca kitajske medicine, LRK ☐ Drugo (navedite):
Poklicne kvalifikacije (za druge zdravstvene delavce, katerih osnovni poklic ni TKM)	☐ Zdravnik, specializacija: ☐ Zobozdravnik ☐ Medicinska sestra ☐ Fizioterapevt ☐ Babica ☐ Drug zdravstveni poklic, ki ga ureja država (navedite):
Izobrazba iz akupunkture	Navedite leto študija, izobraževalno ustanovo, ure teoretičnega in kliničnega usposabljanja
Druga izobrazba	Navedite leto študija, izobraževalno ustanovo in glavni predmet
Število let izvajanja akupunkture	
Razlogi za včlanitev	☐ Izobraževanje - v tem primeru, katero področje in teme vas zanimajo: ☐ Mednarodni kongresi in mreženje ☐ Redno posodabljanje o izobraževanju TKM, zagovorništvo in raziskavah ☐ Drugo (navedite):

IZJAVA:

Spodaj podpisani/-a izjavljam, da želim postati član/-ica Slovenskega združenja za kitajsko medicino in akupunkturo. Društvu dovoljujem uporabo osebnih podatkov za vodenje evidence članstva in uporabo podatkov za potrebe društva – vabila, obveščanje, ipd. Društvo se zavezuje, da podatkov za drug namen ne bo uporabilo. O vseh spremembah bom društvo pisno obvestil/-a.

Datum: _____

Podpis: _____

Membership invitation to the Slovenian Association Of Chinese Medicine And Acupuncture

Dear colleagues,

On behalf of the Slovenian Association of Chinese Medicine and Acupuncture (SZKMA), I invite you to join us, a collaborative platform dedicated to enhancing healthcare service, fostering continuous education, and promoting holistic wellbeing. In an era demanding integrated approaches, we recognize the synergistic potential of combining conventional medicine with the rich traditions of TCM. By joining our association, you'll gain access to a network of experienced TCM practitioners and researchers, participate in interdisciplinary educational programs, and contribute to research initiatives that explore the efficacy of integrated medical practices. Together, we can expand our understanding of patient care and offer more comprehensive treatment options.

Our association is committed to providing resources that support your professional development and personal wellbeing. We offer workshops and seminars on TCM principles and techniques, opportunities for collaborative case studies, and access to cutting-edge research in integrated medicine. By becoming a member, you'll be part of a forward-thinking community dedicated to improving patient outcomes and promoting a balanced approach to health.

Join us in bridging the gap between Eastern and Western medical practices and contribute to a future where healthcare is truly holistic and patient-centered.

Yours sincerely,
CHENG Ka Pik
President of SZKMA

Membership Application/ Renewal Form

All prospective members of the Slovenian Association Of Chinese Medicine And Acupuncture (SZKMA) are required to complete this registration form. Membership runs from 1st of January to 31st of December the same year when the membership fee is paid to:

SZKMA

Podbreznik 15, 8000 Novo mesto, Slovenia

IBAN SI56 6100 0002 3616 452.

Section I: Member Contact Information

TITLE:	☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs ☐ Ms		
LAST NAME (as it appears on medical licenses)		FIRST NAME (as it appears on medical licenses)	
EMAIL			
ADDRESS			
TOWN/ CITY		POSTAL CODE	
TELEPHONE			
INVOICE ADDRESS (for company)			

Section II: Membership Type and Fee

☐ NEW MEMBERSHIP
 ☐ RENEWAL
 ☐ CHANGE OF PERSONAL INFORMATION

MEMBER TYPE	Description	Fee	Please select
FULL MEMBER	☐ TCM Practitioner ¹ ☐ Acupuncturist ² ☐ Herbalist ³ ☐ Tuina therpaist ⁴ ☐ Medical Qigong Therapist ⁵	200€	
INSTITUTION*	Association, company or community can join our association activity and be invited to meeting with the approval from the managing board.	100€	
STUDENT/ RETIRED*	Full time TCM students at recognized institution or retired TCM practitioners	20€	
ASSOCIATE*	Other healthcare professional with acupuncture training	50€	

[1] TCM Practitioner (Qualified graduate of recognized acupuncture or Traditional Chinese medicine education - 5-year full time undergraduate or 4-year full time postgraduate master's degree)

[2] Acupuncturist (qualified graduate of recognized training in TCM acupuncture - 3 years full time study)

[3] Herbalist(qualified graduate of recognized training in TCM herbal medicine - 3 years full time study)

[4] Tuina therapist (qualified graduate of recognized TCM tuina massage training - 3 years full time study)

[5] Medical Qigong Therapist (Qualified Graduate of recognized TCM Medical Qigong Training - 3 years full time study)

[*] Non full member (Institution, Student, Associate) has no right to vote.

Section III: Membership Information

Member of other professional TCM board/ qualification	☐ British Acupuncture Council ☐ NCCAOM ☐ Acupuncture Council of Ireland ☐ Chinese medicine practitioner qualification examination, PRC ☐ Other (please indicate):
Professional Credentials (for other healthcare professionals who do not have TCM as the primary profession)	☐ MD, speciality: ☐ Dentist ☐ Nurse ☐ Physiotherapist ☐ Midwife ☐ Other state regulated healthcare profession (please indicate):
Acupuncture Education	Please state the year of study, the educational institution, the theory teaching hours and the clinical teaching hours
Other Education	Please state the year of study, the educational institution and the major subject
Number of years in acupuncture practice	
Reasons for joining	☐ Education, if so, what area and topics interest you: ☐ International congresses and networking ☐ Regular update on TCM education, advocacy and research ☐ Other (please indicate):

Declaration:

I, the undersigned, declare that I wish to become a member of the Slovenian Association Of Chinese Medicine and Acupuncture. I authorize the Association to use my personal data to keep membership records and to use the data for the needs of the society - invitations, information, etc. The Association undertakes not to use the data for any other purpose. I will notify the Society in writing of any changes.

Date: _____

Signature: _____