



AUSTRALIAN REGISTER OF HOMŒOPATHS LTD

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RECOGNITION OF CURRENT COMPETENCY ASSESSEMENT

APPLICATION FORM

Name: _____

Title: Mr, Mrs, Ms, Dr, Other _____

Address: _____

_____ State _____ Postcode _____

Phone Details:

(H) _____ (W) _____ (M) _____

Email: _____

Overseas Applicants \$250 (overseas qualifications)

Domestic Applicants \$250 (non AROH accredited Australian qualifications)

Please enclose your cheque or money order payable to:

Australian Register of Homoeopaths

OR Direct Deposit to AROH Account No. 960 856 193, BSB 182-512

Quoting your Surname and Initial

(Includes a non-refundable \$50 administration fee)

Email or post this form to the Administration Officer at admin@aroh.com.au
or post to PO Box 1533, Warriewood Shopping Square, NSW 2102

Thank you.