

Australian Traditional-Medicine Society



**ATMS RECOGNISED PROVIDER
OF NATURAL MEDICINE
EDUCATION OR TRAINING
APPLICATION FORM**

Version: 6.3 April 2026

ATMS RECOGNISED EDUCATION PROVIDER

Welcome

About the Australian Traditional-Medicine Society Ltd.

The Australian Traditional-Medicine Society (ATMS) is Australia's largest national professional association representing natural medicine practitioners. We are a multi-disciplinary association representing over 9,500 members across Australia.

Founded in 1984, ATMS is an incorporated not-for-profit company with the Australian Securities and Investments Commission (ASIC) (ABN 46 002 844 233). The ATMS represents the interests of natural medicine practitioners and the profession more broadly through participation on a range of government and industry committees.

ATMS is governed by a Board of Directors, with the organisation's operations led by the chief Executive Officer (CEO) and supported by a dedicated team of full- and part-time staff.

The Mission of ATMS is to promote, represent, and support professional practitioners of natural medicine, while encouraging the highest standards of professionalism in their natural medicine practice and education.

ATMS currently accredits the following modalities:

- Aromatherapy
- Ayurveda
- Bowen Therapy
- Chinese Massage
- Counselling
- Homoeopathy
- Hypnotherapy
- Kinesiology
- Myotherapy
- Naturopathy
- Nutrition
- Reflexology
- Remedial Massage
- Shiatsu
- Thai Massage
- Western Herbal Medicine

ATMS currently accredits the following nationally registered modalities:

- Acupuncture
- Chinese Herbal Medicine
- Chiropractic
- Osteopathy

ATMS recognises numerous educational institutions nation-wide that deliver one or more courses in our accredited modalities.

ATMS Recognised Education Provider and Course Recognition Process

To become an **ATMS Recognised Provider of Natural Medicine Education or Training**, your institution must also have one or more courses formally recognised by ATMS in an ATMS-recognised modality.

To apply, you are required to:

- Complete the **ATMS Recognised Provider Application Form**, and
- Submit an **ATMS Course Recognition Form** for **each course** you wish to have recognised by ATMS.

Courses Recognised by ATMS That Do Not Require Assessment Against ATMS Education Standards

The following qualifications are recognised by the Australian Traditional-Medicine Society (ATMS) and do not require assessment against the ATMS Education Standards:

- **AHPRA-registered qualifications**
(Higher education qualifications that include supervised clinical practice)
- **HLT – Health Training Package qualifications**
- **CHC – Community Services Training Package qualifications**
- **ASQA-approved courses**
- **TEQSA-approved courses**
- **22316VIC Advanced Diploma of Myotherapy**

Courses That May Require Assessment Against ATMS Education Standards

The following courses may be subject to assessment against the ATMS Education Standards to determine eligibility for recognition:

- **Nationally recognised VET courses**
- **Courses delivered by ATMS-approved independent providers**
- **New Zealand qualifications**
(Equivalent NZQF courses may require assessment against the ATMS Education Standards)

Supervised Clinical Practice Standards

What is Supervised Clinical Practice?

Supervised clinical practice is a structured learning experience in which a student provides consultations to members of the public within a clinical setting. During this process, the student conducts appropriate health assessments and develops and delivers treatment or management plans under the supervision of a suitably qualified clinician, trainer, or practitioner who is employed by or contracted to the education provider.

Supervised clinical practice must be undertaken in the physical presence of a lecturer, trainer, or qualified supervisor. The supervisor must provide direct oversight and actively supervise at least part of each student consultation. The selection and appointment of an appropriately qualified clinical practice supervisor is the responsibility of the education provider*.

** The above requirements do not apply to Hypnotherapy or other courses that are not required to meet the ATMS Education Standards. Education providers delivering Hypnotherapy courses, or other courses that are not required to meet the ATMS Education Standards, must refer to the relevant Education Standard for specific supervised clinical practice requirements.*

For courses where the ATMS Education Standards are applicable:

Please see relevant education standards for Naturopathy, Nutrition, Herbal Medicine, and Homeopathy for Supervised Clinical Training online requirements.

Supervisor:Student Ratio

- The supervisor:student ratio must not exceed 1:8.

Supervisor Qualifications

- Hold a relevant recognised natural medicine qualification that is equal to or higher than the qualification in which the student is enrolled.
- Have a minimum of three (3) years' full-time equivalent (FTE) clinical practice experience in the discipline being taught.
- Maintain current membership of a recognised professional association relevant to natural medicine.
- For VET sector courses, hold a current Certificate IV in Training and Assessment (TAE40116), or equivalent.

Where this qualification is not held, the education provider must ensure that a suitably qualified assessor who holds a current TAE40116 (or equivalent) conducts the student's final clinical assessment.

Responsibilities of Education Providers

Education providers are responsible for ensuring that both students and supervisors are fully informed of their respective **rights and responsibilities** in relation to supervised clinical practice.

Education providers must:

- Provide appropriate **induction and training** for all supervisors, including where clinical supervision is outsourced to practitioners operating within private clinical practices.
- Provide **ongoing guidance and feedback** to supervisors to support effective supervision and compliance with requirements.
Ensure students are fully informed of all **clinical practice requirements**, including any **insurance arrangements and associated costs**, as determined by the education provider.

Students must be made aware that **health fund rebates are not available** for treatments provided by students undertaking supervised clinical practice.

ATMS Recognised Education Provider Application Form

INSTITUTION NAME: _____

NAME OF PRINCIPAL (or equivalent – include title): _____

Postal Address: _____

Phone: _____

Email Address: _____

Website: _____

Main Campus Address: _____

All Other Campus Addresses:

List of courses to be approved by the ATMS:

Please provide a copy of your Registered Training Organisation (RTO) Registration certificate, or the Higher Education Accreditation certificate. For New Zealand education providers please provide NZQA equivalent.

Also please note:

Registration/Accreditation number: _____

Registration/Accreditation expiry date: _____

If needed, we may also request that you provide the following, however they can be included with this application:

- a) A brief history of the educational institution
- b) The institution's Code of Practice
- c) The Prospectus and advertising material

Declaration

I declare that I am authorised to complete this form on behalf of the Institution named on this application form, and that all the information provided is true, accurate and complete. I understand that the acceptance of this form by ATMS does not imply in any way that the educational institution will be recognised or will continue to be recognised by ATMS. I further understand that ATMS may make additional inquires, including an onsite visit and inspection of the Institution. ATMS will provide reasonable prior notice of any such visit/inspection. I will take all reasonable steps to ensure that ATMS will be advised as soon as practicably possible of any changes to the details provided on this form. I accept that any recognition granted is at all times at the sole discretion of ATMS and may be withdrawn or varied at any time.

Signature

Date

Name of person whose signature appears above: _____

Position: _____

Phone: _____

Email: _____

Form Return

Thank you for taking the time to complete this form.

Please return this form and all the required supporting documentation to:

Stephanie Mortimer
Relationships and Events Coordinator
stephanie.mortimer@atms.com.au

Or to:

ATMS Recognised Education Provider and Course Approval
Level 2 Suite 2.01
80 Chandos Street,
Naremburn NSW 2065

Enquiries about the progress of an ATMS Recognised Provider and ATMS Course Accreditation Application should be made to the ATMS Office on 1800 456 855, or by email at info@atms.com.au

