



Verband Europäischer Ayurveda-Mediziner
und -Therapeuten e.V.

REGISTRATION as Active Member

Name First name

Name of Practice or Clinic Date of Birth

Street Postcode/City

Phone Fax

Email URL

Please enter my address into the VEAT List of Medical Doctors and Therapists: ☐ as above ☐ other:

Ayurvedic Training, Ayurvedic title acquired:

Ayurvedic training institute:

Professional qualifications regarding medicine:

Current or permanent occupation:

I apply for admittance to the following categories: Please note the current entrance requirements!

- ☐ Ayurvedic Medicine (diagnosis, medical consulting, clinical therapy, panchakarma) for admitted physicians
- ☐ Ayurvedic Therapy (oil treatments, herbal or manual therapy)
- ☐ Ayurvedic Consulting (nutrition, lifestyle and psychology)
- ☐ Ayurvedic Wellbeing (health promotion, massages, wellness and health prevention)

Area of expertise:

- ☐ Medicine ☐ Panchakarma ☐ Herbal Medicine ☐ Nutritional & Health Consulting
- ☐ Therapeutic Treatments ☐ Relaxation Massages ☐ Cosmetics ☐ Psychology
- ☐ Other

Treatment offers:

Course & Seminar offers:

Acknowledgement: ☐ Recognised by the following health insurances:

- ☐ Enclosed are diplomas, certificates on training hours completed as well as samples of my advertising materials such as flyers, brochures, business cards etc.
- ☐ Please place my URL as a link on the online list of medical doctors and therapists. In return I'll place a well visible link to VEAT on my homepage within one month.
- ☐ VEAT is a registered association in accordance with the German law. I have taken note of the association's regulations and accept them.
- ☐ **Herewith I affirm that I have the medical knowledge necessary for the professional performance of Ayurveda according to the category I applied for.**

Place / Date Signature

Please send me further information on: ☐ Collective professional liability insurance
☐ Advertising materials ☐ Publications