

**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

**PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY**

**APPLICATION FOR APPROVAL TO CONDUCT A PRIVATE PRACTICE**

**REQUIREMENTS**

1. All applications for approval to conduct a private practice have to be considered by the Professional Board.
2. In order to comply with the requirements, an applicant has to provide proof of at least two (2) years post registration experience in the particular category of registration.

The following documentation must be submitted in support of an application for approval to conduct a private practice:

1. The enclosed application Form 165 (Generic);
2. **AN ORIGINAL LETTER** from your employer confirming that you have at least two (2) years post registration experience in radiography in the particular category;
3. An amount of R **353.00** for a Certified Extract certificate from the register for purposes of registration of a practice number at the Board of Healthcare Funders of South Africa. Please also reflect your DR Registration number on the deposit slip
4. Proof of payment of annual fee;
5. Proof of compliance to CPD requirements (60 CEU's).

Banking details are as follows:

ABSA Bank                      Arcadia  
Branch code:                    334945  
Account number:                061 00 00 169

**NOTE: THE APPLICATION WILL SERVE AT THE BOARD MEETING FOR APPROVAL**

Please note that in terms of the ethical rules (copy attached) you may only practise in your personal capacity and may **NOT** link any name such as hospital, clinic, X-Ray Services etc to your practice name. You may reflect the category of registration such as diagnostic, ultrasound etc. **Examples: Dorothy Daniels Radiographer (Diagnostic) or D Daniels Radiographer (Diagnostic).**

**APPLICATION: PRIVATE PRACTICE: RADIOGRAPHY**

1. TITLE: ..... DR No: .....

2. SURNAME: .....

FIRST NAME/S .....

3. REGISTERED ADDRESS: .....

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4. TEL: (W).....(H).....(Cell).....

FAX No: .....

E-MAIL ADDRESS: .....

5. REGISTRATION IN THE CATEGORY: (Please tick the appropriate category)

**Diagnostic**     **Ultrasound**     **Nuclear Medicine**     **Radiation Therapy**

Date of initial registration ...../...../.....

6. QUALIFICATION(S) AND DATE(S) OBTAINED:

..... /..... /.....

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7. POST-REGISTRATION EXPERIENCE: (In the relevant category)

**(Attach supporting documentation)**

Employer	Major Responsibilities	From	To

8. MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS:

Name of Professional Association/s	From	To

9. NATURE OF PRACTICE:

- Solo Practice
- Partnership\*
- Section 54A Company\* (See Government Notice No R.706 of 15 April 1994)

\*Practitioners should first consult an attorney to assist with the formation of a legal entity if more than one practitioner would be involved and ensure that these are in line with the ethical guidelines.

\*Each radiographer must apply individually by submitting a separate application for approval

\*Names of Partners / Directors and shareholders (if applicable):

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10. NAME OF PROPOSED PRACTICE/PARTNERSHIP: (See Ethical Rules)

**(Limited to your own name and/or the name of a registered practitioner or practitioners with whom you are in partnership or with whom you practice as a juristic person provided that the name of the practice shall not include the expression "hospital", "clinic" or "institute" or any other expression which may give the impression that the practice forms part of, or is in association with a hospital, clinic or institute).**

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11. STATEMENT BY APPLICANT:

I hereby certify that -

- i the information given in this application is to the best of my knowledge correct;
- ii I will not engage in private practice until the Professional Board has approved my application;
- iii my intended practice has been/will be licensed by the Department of Radiation Control (documentary proof is attached);
- iv I accept sole responsibility to be fully conversant with the medical and legal regulations and requirements for private practice;
- v I am fully conversant with the scope of my professional practice and the HPCSA guidelines in this regard.
- vi I am compliant with CPD requirements

**Documents referred to in paragraph 7 and 11 above are attached hereto.**

SIGNATURE: ..... DATE: .....