



Form 26OSIN

PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS & PROSTHETICS & ARTS THERAPY

APPLICATION FOR REGISTRATION AS AN INTERN

MEDICAL ORTHOTIST AND PROSTHETIST

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PRINT and return the ORIGINAL FORM to:

The Registrar, PO Box 205, Pretoria 0001 by registered mail for ease of tracking mail 553 Madiba Street, Arcadia, Pretoria 0083

NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED

FOR OFFICE USE ONLY

A. PERSONAL PARTICULARS

HPCSA Registration Number:

I, (Mr, Mrs, Miss)

Surname:

Maiden name (if applicable):

First names:

Identity No.:

Postal address:

Postal code:

Residential address:

Postal code:

Tel (H):

(W):

Cell:

Fax:

Email:

\* Marital Status:

Divorced

Married

Single

Gender:

Male

Female

\* Race:

Asian

African

Coloured

White

Country of origin:

hereby apply for registration as an Intern Medical Orthotist and Prosthetist and declare that I am the person mentioned in the attached documents and that these documents were granted to me and are my own lawful property. I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country and that, no proceedings involving misconduct is pending against me in any country at present.

SIGNATURE:

DATE:

20

Received on

Amount

Receipt No.

No.

Reg. Date

I certify that the application meets the requirements as outlined in section B and that I have verified the application:

Registration Officer:

Signature:

Date:

B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:

- 1. A copy of my certificate as a student with the Health Professions Council of South Africa;
2. Form 26A OS duly completed;
3. My original diploma/degree (a copy will only be accepted if certified by an attorney in his/her capacity as Notary Public and bearing the official stamp) Copies certified by a Commissioner of Oathswill not be accepted.
4. Registration fee of R214.00. Please attach a copy of the proof of payment.
5. A letter from the supervising medical orthotist and prosthetist, stating that he/she is willing to act as supervisor for the intern and stating the period of internship involved;
6. A letter from the Head of the training institution indicating that the intern will be accommodated for the full duration of the internship as well as the exact period of the internship;
7. A letter from the Head of Department of the supervising university stating that the university will act as supervising university and that the Department will ensure that the training is undertaken in accordance with the approved internship programme.
8. A copy of my identity document or birth certificate. A copy of my marriage certificate (should you wish to register in your married surname)

C. TO BE COMPLETED BY THE UNIVERSITY

NAME OF UNIVERSITY

It is hereby certified that

complied with all the requirements for the diploma of this institution on

and that this qualification will be conferred at a graduation ceremony on

WE RECOMMEND him/her for registration

ORIGINAL DATE STAMP OF UNIVERSITY

SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD DATE

SIGNATURE: REGISTRAR/PRINCIPAL

DATE

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.