



Form 24 OS

PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS/PROSTHETICS AND ARTS APPLICATION FOR REGISTRATION

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

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: Residential address: Tel (H): Cell: Email: * Marital Status: Divorced Married Single Gender: Male Female * Race: Asian African Coloured White Country of origin:

Received on Amount Receipt No. No. Reg. date

hereby apply for registration as a Medical Orthotics/Prosthetics in the category: and hereby make oath and declare that I am the person mentioned above

SIGNATURE: SWORN BEFORE ME AT: SIGNATURE: COMMISSIONER OF OATHS/JUSTICE OF PEACE for the district of

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

- B. The following is submitted in support of my application: 1. My original diploma/degree... 2. Registration fee of R587.00... 3. Form 27 OS duly completed. 4. A copy of my identity document... 5. A copy of my marriage certificate... 6. A copy of my certificate as a student...

ORIGINAL OFFICIAL STAMP OF COMMISSIONER OF OATHS

Registration Officer: Signature: Date:

C. CERTIFICATE OF HEALTH

I, of (address) a medical practitioner, certify that I have medically examined the applicant, and I declare that his/her health is such that it would not be detrimental to patients or to him-/herself to engage in the duties of his/her profession. SIGNATURE: Date: 20

D. CERTIFICATE OF CHARACTER

I, (full names) of address Working as (Medical Practitioner, Minister of Religion, Magistrate or other responsible person) certify that the applicant, is personally known to me and that he/she is of good character. SIGNATURE: Date: 20

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.