
MEDICAL AND DENTAL PROFESSIONS BOARD

FORM 176- DP

**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
MEDICAL AND DENTAL PROFESSIONS BOARD**

**GUIDELINES FOR REGISTRATION OF FOREIGN QUALIFIED DENTAL PRACTITIONERS AND
DENTAL SPECIALISTS**

1. DENTAL PRACTITIONERS

These guidelines are intended to assist an applicant who wishes to apply for registration with the Medical and Dental Professions Board.

The following documents must be submitted to the Board at the address provided below:

- The application Form 12 duly completed.
- Copy of degree certificate or other basic qualification in dentistry and a sworn translation in English (Copies will only be accepted if certified by an attorney in his/her capacity as a notary public and bearing the official stamp. Copies certified only by a Commissioner of Oaths will not be accepted). Only original translations of the required documents done by a sworn translator and duly sealed and notarised will be accepted. In addition to such English translations, legible copies of the original documents, certified and duly sealed by a Notary Public should be submitted. Alternatively original documents together with copies could be submitted for verification by the relevant Council staff. In view of possible damage or loss of such documents it is not advisable to send such documents by mail.
- Sufficient details of the degree / programme course for assessment as to its equivalence with local programmes in terms of the exit level competencies; experiential work carried out (quota per discipline); and time spent on didactic teaching and learning, laboratory instruction, and clinical training. The appropriate form which is part of this document must be completed and endorsed by the institution issuing the degree.
- If applicable, proof of internship training or equivalent training/experience, or post-graduate training issued by the relevant institution.
- A letter from the Foreign Work Force directorate of the SA National Department of Health, permitting application for registration with the HPCSA. *Please note that this is*

permission only, for you to apply for registration and does not guarantee you or entitle you to a post within the public health sector, if you are subsequently successfully registered with the HPCSA.

- Proof of registration as a Dental Practitioner by the regulatory body in the country of origin.
- A recent original certification of status (certificate of good standing) issued by the foreign authority where the applicant is currently registered, within the preceding six months.
- A copy of a valid Passport or Identity Document as proof of current citizenship, duly certified by a notary public.
- Dental Practitioners are currently required to have all the academic qualifications evaluated in order to determine their *level* in relation to recognised qualifications. A request for an evaluation should be submitted to the South African Qualifications Authority at the following address:

SAQA (Evaluation of Qualifications) Postnet Suite 248
 Private Bag X 06 Waterkloof
 0145
 Republic of South Africa Tel: (012) 431 5000
 E-mail address: saqainfo@saqa.co.za

Such a request must be sent directly to the South African Qualifications Authority and be accompanied by:

- (a) Certified copies of all degree/diploma certificates or similar academic qualifications;
- (b) Official transcripts of records in respect of each qualification referred to in (a) above;
- (c) The prescribed evaluation fee payable to the South African Qualifications Authority.

Duly compiled applications or written enquiries may be sent to:

The Registrar
 HPCSA
 P O Box 205
 PRETORIA 0001

1.1. All foreign qualified dentists are required to meet the following requirements

- 1.1.1. Proficiency in English is mandatory to communicate with patients and to be enabled to partake meaningfully in the Board's Examination. Candidates from English speaking countries and candidates with English as a first language qualification on secondary school level qualify in terms of this standard. Candidates who do not qualify are requested to obtain the graded academic competence in terms of the International English Language Test System (IELTS) Overall Band

Score 7. The candidate's academic written and verbal skills relating to academic language are informally assessed during the Board's examination when applicable.

- 1.1.2. Successful completion of an Ethics and Jurisprudence examination, managed by the Board.
- 1.1.3. Candidates who hold a qualification from an institution / registration body which is deemed not to be equivalent to a South African dental degree are required to enrol for and pass the Board's Examination for registration. This is managed by the Board in collaboration with the Universities according to the prescription of the Board's Rules and Regulations.
- 1.1.4. Candidates holding a qualification from an institution / registration body which is deemed to be equivalent to a South African dental degree may apply for exemption from the Board examination and if granted, will serve a minimum of 24 months in supervised practice in the public service in order to become familiar with the clinical profile of patients in South Africa and to show competence in all areas of general dental practice.

1.2. Board Examination for foreign qualified dental practitioners

The Board's dental examination is organised into two parts, theoretical and practical. The examination will be conducted on the Board's behalf by one of the South African dental schools. The examination will take place once a year, the time to be determined by the Board in collaboration with the dental school assisting the Board.

Part I

This will comprise three (3) written papers of three (3) hours' duration each. These papers will assess the integrated knowledge of all domains of clinical dentistry, including the theoretical and biological aspects which are considered vital knowledge for the general dentist to practice safely without hazard to the patient. Papers may comprise any combination of different types of assessment such as multiple choice questions, extended matching questions, short answer responses to complex case presentation, and any other forms of assessments the Board may determine.

Candidates must pass *each* of these papers to pass this Part of the examination.

Part II

This will comprise practical examinations testing the following clinical skills in a skills laboratory on simulated models.

Endodontics: Procedures to be carried out on an extracted bicuspid tooth are access cavity, canal preparation and obturation.

Operative dentistry: A two-surface composite restoration on a posterior typodont tooth.

Maxillo-Facial and Oral Surgery: (a) to demonstrate the administration of an inferior alveolar nerve block local anaesthetic; (b) to demonstrate the placement of forceps for the extraction of all teeth; (c) to demonstrate / explain the surgical extraction of roots and third molars.

Prosthodontics: (a) to survey a cast of a partially edentulous case and to draw suitable designs for an acrylic- and metal-based removable partial denture; (b) to carry out a preparation for a ceramo-metal crown on a posterior typodont tooth; (c) to carry out a preparation for an all-ceramic crown on an anterior typodont tooth and to fabricate a provisional crown for that tooth.

A pass for *each* of the above assessments is required in order for the candidate to pass this Part.

Both parts of the examination must be passed. If not, the entire examination must be re-taken. A maximum of three (3) attempts may be made to pass this examination.

Once the Board examination has been passed, the candidate will be registered in the category of Supervised Practice in the Public Service for a minimum of 24 months in order to become familiar with the clinical profile of patients in South Africa and to show competence in all areas of general dental practice.

1.3 After having served 24 months in the category of Supervised Practice in the Public Service (see section 1.5 below), applicants must provide the following documentation to the appropriate committee of the Board:

- A portfolio displaying the comprehensive management of a broad spectrum of patients inclusive of all dental domains, signed by his/her supervisor.
- A log book of dental procedures performed and signed by his/her supervisor,
- A three (3) monthly performance report signed by the by the supervisor and head of the facility.
- Conformance to the CPD Requirements of the HPCSA

The appropriate committee of the Board may then request further information and / or may require further supervised practice for 12 months. Should the applicant be still considered not to have reached the required level of competence, their name will be removed from the Register and they will be advised to enrol at one of the dental schools in order to acquire a South African dental degree.

1.4 In order to obtain registration in the category Independent Practice persons registered in the Public Service category are required to:

- 1.4.1 Have been registered and worked in the category Public Service (General Practitioner) for a minimum period of 12 months.
- 1.4.2 Supply the Board with Proof of Compliance with the Immigration Act
- 1.4.3 Have conformed to the CPD Requirements of the HPCSA

1.5 Supervised Practice Requirements

1. Supervisor:
 - a. must be a dental practitioner in good standing and have been registered for at least three (3) years
 - b. must agree in writing to supervise the applicant and take responsibility for all patients treated by the applicant
 - c. must be approved by the Board
 - d. must comply with any other requirements as determined by the Board
2. Facility:
 - a. must be a site approved by the Board such as an accredited training facility
 - b. must allow all for the supervised practice of all procedures normally expected of a dental practitioner
 - c. must comply with any other requirements as determined by the Board
3. Log book:
 - a. the domains, procedures and treatments required to be performed over the two-year period of supervised practice will be set out in a log book
 - b. the log book must be signed and dated by both the applicant and the supervisor
 - c. for administrative compliance, the Board must be notified of those procedures/domains/treatment not performed within the two years or not able to be performed at that facility so that alternative arrangements could be made
 - d. must comply with any other requirements as determined by the Board
4. Reports:
 - a. Quarterly reports must be submitted to the relevant sub-committee of the Board, signed by the Supervisor and the Head of the facility
 - b. must comply with any other requirements as determined by the Board
5. CPD Requirements:
 - a. The practitioner must show compliance with the CPD requirements of Council during the period of supervised practice.

2. DENTAL SPECIALISTS

These guidelines are intended to assist an applicant who wishes to apply for registration with the Medical and Dental Professions Board as a dental specialist.

The following documents must be submitted to the Board at the address provided below:

- The application Form 12 duly completed.
- Copy of degree certificate or other basic qualification in dentistry as well as a copy of the specialist degree qualification or equivalent and sworn translations in English (copies will only be accepted if certified by an attorney in his/her capacity as a notary public and bearing the official stamp. Copies certified only by a Commissioner of Oaths will not be accepted). Only original translations of the required documents done by a sworn translator and duly sealed and notarised will be accepted. In addition to such English translations, legible copies of the original documents, certified and duly sealed by a Notary Public should be submitted. Alternatively original documents together with copies could be submitted for verification by the relevant Council staff. In view of possible damage or loss of such documents it is not advisable to send such documents by mail.
- Sufficient details of the specialist degree / programme course for assessment as to its equivalence with local programmes in terms of the exit level competencies; experiential work carried out; and time spent on didactic teaching and learning, laboratory instruction, and clinical training, endorsed and completed by the issuing institution. These details will be assessed by peer review of the four Heads of Department of the speciality concerned, of the four South African dental schools.
- Proof of post-graduate work done, including a portfolio of cases.
- A letter from the Foreign Work Force directorate of the SA National Department of Health, permitting application for registration with the HPCSA. *Please note that this is permission only, for you to apply for registration and does not guarantee you or entitle you to a post within the public health sector, if you are subsequently successfully registered with the HPCSA.*
- Proof of registration as a Dental Specialist (if recognised) by the regulatory body in the country of origin.
- A recent original certification of status (certificate of good standing) issued by the foreign authority where the applicant is currently registered, within the preceding six months.
- A copy of a valid Passport or Identity Document as proof of current citizenship, duly certified by a notary public.
- Dental Practitioners are currently required to have all the academic qualifications evaluated in order to determine their *level* in relation to recognised qualifications. A request for an evaluation should be submitted to the South African Qualifications Authority at the following address:

SAQA (Evaluation of Qualifications) Postnet Suite 248
 Private Bag X 06 Waterkloof
 0145
 Republic of South Africa Tel: (012) 431 5000
 E-mail address: saqainfo@saqa.co.za

Such a request must be sent directly to the South African Qualifications Authority and be accompanied by:

- (d) Certified copies of all degree/diploma certificates or similar academic qualifications;
- (e) Official transcripts of records in respect of each qualification referred to in (a) above;
- (f) The prescribed evaluation fee payable to the South African Qualifications Authority.

Duly compiled applications or written enquiries may be sent to:

The Registrar
 HPCSA
 P O Box 205
 PRETORIA 0001

2.1 All foreign qualified dental specialists are required to meet the following requirements

- 2.1.1 Proficiency in English is mandatory to communicate with patients and to be enabled to partake meaningfully in the Board's Examination. Candidates from English speaking countries and candidates with English as a first language qualification on secondary school level qualify in terms of this standard. Candidates who do not qualify are requested to obtain the graded academic competence in terms of the International English Language Test System (IELTS) Overall Band Score 7. The candidate's academic written and verbal skills relating to academic language are informally assessed during the Board's examination when applicable.
- 2.1.2 Successful completion of an Ethics and Jurisprudence examination, managed by the Board.
- 2.1.3 Candidates who hold a qualification from an institution / registration body which is deemed not to be equivalent to a South African dental degree are required to enrol for and pass the Board's Examination for registration. This is managed by the Board in collaboration with the relevant College of the Colleges of Medicine of South Africa.
- 2.1.4 Candidates holding a qualification from an institution / registration body which is deemed to be equivalent to a South African dental specialist degree may apply for exemption from the Board examination and if granted, will serve a minimum of 24 months in supervised practice in the public service in order to become familiar with the clinical profile of patients in South Africa and to show competence in all areas of the applicable specialist practice.

2.2 Board Examination for foreign qualified dental specialists

The Board's specialist examination comprised the National Professional Examination for that speciality, managed by the Board and administered through the relevant College of the Colleges of Medicine of South Africa.

Once the Board examination has been passed, the candidate will be registered in the category of Supervised Practice in the Public Service for a minimum of 24 months in order to become familiar with the clinical profile of patients in South Africa and to show competence in all areas of general dental practice.

2.3 After having served 24 months in the category of Supervised Specialist Practice in the Public Service (see section 2.5 below), applicants must provide the following documentation to the appropriate committee of the Board:

- A portfolio displaying the comprehensive management of a broad spectrum of patients, signed by his/her supervisor.
- A three (3) monthly performance report signed by the by the supervisor and head of the facility.
- Conformance to the CPD Requirements of the HPCSA

The appropriate committee of the Board may then request further information and / or may require further supervised practice for 12 months. Should the applicant be still considered not to have reached the required level of competence, their name will be removed from the Register and they will be advised to enrol at one of the dental schools in order to acquire a South African specialist degree.

2.4 In order to obtain registration in the category Independent Practice (Dental Specialist) persons registered in the Public Service category are required to:

- 2.4.1 Have been registered and worked in the category Public Service (Dental Specialist) for a minimum period of 12 months.
- 2.4.2 Supply the Board with Proof of Compliance with the Immigration Act
- 2.4.3 Have conformed to the CPD Requirements of the HPCSA

1.6 Supervised Specialist Practice Requirements

1. Supervisor:
 - a. must be a specialist in good standing and have been registered for at least three (3) years
 - b. must agree in writing to supervise the applicant and take responsibility for all patients treated by the applicant
 - c. must be approved by the Board
 - d. must comply with any other requirements as determined by the Board

2. Facility:
 - a. must be a site approved by the Board such as an accredited specialist training facility
 - b. must allow all for the supervised practice of all procedures normally expected of a dental specialist in that specialty
 - c. must comply with any other requirements as determined by the Board
3. Log book:
 - a. the procedures and treatments required to be performed over the two-year period of supervised practice will be set out in a log book
 - b. the log book must be signed and dated by both the applicant and the supervisor
 - c. for administrative compliance, the Board must be notified of those procedures not performed within the two years or not able to be performed at that facility so that alternative arrangements could be made
 - d. must comply with any other requirements as determined by the Board
4. Reports:
 - a. Quarterly reports must be submitted to the relevant sub-committee of the Board, signed by the Supervisor and the Head of the facility
 - b. must comply with any other requirements as determined by the Board
5. CPD Requirements:
 - a. The specialist must show compliance with the CPD requirements of Council during the period of supervised practice.

THE EVALUATION OF FOREIGN DENTAL DEGREES FOR EQUIVALENCE WITH SOUTH AFRICAN DENTAL DEGREES

This form is to be completed electronically

INFORMATION ON THE INSTITUTION

Please check the box that best describes the institution of higher education that issued your basic dental degree.

- a. A University
- b. A Health Centre
- c. A Stand-alone institution that provides only dental education
- d. Other

If you have checked other: please describe the institution:

...

INFORMATION ON ACCREDITATION/APPROVAL OF HIGHER EDUCATION INSTITUTIONS

Does your country have a system for accreditation or approval of higher education institutions?

Yes No

Does your country have a system for accreditation or approval of your dental school programme?

Yes No

Please state the dental school's mission, vision, goals, and/or statement of values:

.....

Please describe your dental school's ongoing, systematic quality review process by providing a narrative that outlines how the school engages in assessment, planning, implementation and evaluation of the educational quality of all of its education programmes and processes:

....

Please complete the following table to indicate the length of each academic year (excluding vacations):

YEAR	NUMBER OF WEEKS
1	
2	
3	
4	
5	
6	

INFORMATION ON THE CORE CURRICULUM

Please list the required courses by year:

...

Please complete the following tables to indicate the number of clock hours that are planned in the core curriculum for each type of instruction.

Directions: A contact hour or clock hour is a unit of measure that represents an hour (greater than or equal to 45 minutes) of scheduled instruction given to students. Answers should not be in credit hours of instruction or numbers of courses. Instead, please calculate the total number of hours a student would be engaged in each category of instruction for all required courses.

Instruction in the biomedical sciences	Number of Clock Hours in the Core Curriculum
For example: anatomy, physiology, neuroanatomy, biochemistry, craniofacial biology, microbiology, pathology, immunology, pharmacology	
<i>Didactic:</i> Scheduled time in which students are expected to complete instructional modules, computerised instruction, attend lectures/seminars/clinical conferences, or participate in small group learning.	
<i>Laboratory:</i> Instructional method in which an instructor or instructors work closely with small groups of students who actively participate in learning exercises in a laboratory setting or practice behaviour or psychomotor skills in a simulated environment.	
<i>Patient Care:</i> All clinic contact hours with patients should be reported.	
<i>Assessment:</i> All contact hours taking assessments	
Total Core Curriculum Clock Hours in biomedical sciences	
Assessment methods:	State Yes or No
Written test / exam	
Oral examination	
Objectively Structured Clinical Examination involving simulated or real clinical cases	
Objectively Structured Practical Examination involving simulated cases	
Practical Examination	
Written Clinical Topics Examination involving simulated or electronic material, answered in written form	
Written Assignment	
Clinical Examination of a clinical procedure	

Continuous clinical assessment	
Projects	
Case reports / presentations	
<i>Other: please specify: add rows as necessary</i>	

Instruction in the dental/clinical sciences For example: oral diagnosis and treatment planning, dental and medical emergencies, oral and maxillofacial radiology, oral and maxillofacial pathology, anaesthesiology and pain control, periodontics, endodontics, orthodontics, oral and maxillofacial surgery, biomaterials, oral medicine, orofacial pain and dysfunction, prosthodontics, operative dentistry, etc.	Number of Clock Hours in the Core Curriculum
<i>Didactic:</i> Scheduled time in which students are expected to complete instructional modules, computerised instruction, attend lectures/seminars/clinical conferences, or participate in small group learning.	
<i>Laboratory:</i> Instructional method in which an instructor or instructors work closely with small groups of students who actively participate in learning exercises in a laboratory setting or practice behaviour or psychomotor skills in a simulated environment.	
<i>Patient Care:</i> All clinic contact hours with patients should be reported.	
<i>Assessment:</i> All contact hours taking assessments	
Total Core Curriculum Clock Hours in dental/clinical sciences	
Assessment methods:	State Yes or leave blank
Written test / exam	
Oral examination	
Objectively Structured Clinical Examination involving simulated or real clinical cases	
Objectively Structured Practical Examination involving simulated cases	
Practical Examination	
Written Clinical Topics Examination involving simulated or electronic material, answered in written form	
Written Assignment	
Clinical Examination of a clinical procedure	
Continuous clinical assessment	
Projects	
Case reports / presentations	
<i>Other: please specify: add rows as necessary</i>	

Instruction in the behavioural, social, and research sciences For example: behavioural principles of dental practice, information management, practice management, research, ethics, and regulatory compliance	Number of Clock Hours in the Core Curriculum
<i>Didactic:</i> Scheduled time in which students are expected to complete instructional modules, computerised instruction, attend lectures/seminars/clinical conferences, or participate in small group learning.	
<i>Laboratory:</i> Instructional method in which an instructor or instructors work closely with small groups of students who actively participate in learning exercises in a laboratory setting or practice behaviour or psychomotor skills in a simulated environment.	
<i>Patient Care:</i> All clinic contact hours with patients should be reported.	
<i>Assessment:</i> All contact hours taking assessments	
Total Core Curriculum Clock Hours in biomedical sciences	
Assessment methods:	State Yes or leave blank
Written test / exam	
Oral examination	
Objectively Structured Clinical Examination involving simulated or real clinical cases	
Objectively Structured Practical Examination involving simulated cases	
Practical Examination	
Written Clinical Topics Examination involving simulated or electronic material, answered in written form	
Written Assignment	
Clinical Examination of a clinical procedure	
Continuous clinical assessment	
Projects	
Case reports / presentations	
<i>Other: please specify: add rows as necessary</i>	

Please list the exit-level competencies to be acquired for graduation.

...

Clinical procedures carried out. Please indicate in the following tables the numbers of each of the procedures which have been carried out:

Endodontics:	
PROCEDURE	QUANTITY
Single-rooted teeth	
Dual-rooted teeth	
Multi-rooted teeth	
Re-treatment	
Use of microscope, posterior tooth	
Indirect pulp capping	
Emergency Root canals	
Non vital bleaching	
Orthodontic bands over molars	
Emergency crowns (Non Vital tooth)	
Assisting	
Specific examinations	
Rotary Endodontics as part of above procedures	
<i>Other: please specify: add rows as necessary</i>	

Maxillofacial and Oral Radiology:	
PROCEDURE	QUANTITY
Periapical radiographs (including bite-wings)	
Panoramic radiographs	
Lateral Cephalograms	
Periapical radiographic status (full mouth)	
Occlusal radiograph	
Townes projection	
Waters projection	
Cone beam CT scan	
Radiology reports	
Extra oral Radiographs (PA mandible, lateral oblique, OM, TMJ)	
Radiographic Diagnosis	
<i>Other: please specify: add rows as necessary</i>	

Maxillofacial and Oral Surgery:	
PROCEDURE	QUANTITY
Simple dental extraction (intra-alveolar extractions)	
Trans-alveolar extractions of roots after raising a full thickness mucoperiosteal flap	
Trans-alveolar extraction of impacted third molars	
Closed reduction of fractures of the jaws – mandibular and maxillary dento-alveolar fractures, fractures of the mandible	
Biopsies	
Drainage of abscess and placement of drain	
Suturing	
Collection of Blood	
Removal of sutures and wires	
Post-op haemorrhage	
Medically compromised patient	
Dry socket treatment	
Procedures under general anaesthesia	
Theatre scrubbing technique and theatre etiquette	
Ward etiquette and in-patient assessment	
CPR	
Placement of IVI line	
Assist surgical placement of implant	
Local anaesthesia	
<i>Other: please specify: add rows as necessary</i>	

Operative Dentistry:	
PROCEDURE	QUANTITY
History, Diagnosis & Treatment planning: per case	
Diet analysis per case	
Topical fluoride application	
Preventive Resin Restoration	
Amalgam restorations one surface	
Amalgam restorations two surface	
Amalgam restorations more than two surface	
Tooth coloured restorations one surface	
Tooth coloured restorations two surface	
Tooth coloured restorations more than two surface	
Class V tooth restoration	
Direct veneer	
Vital Bleaching per arch	
Non vital bleach per tooth	
Direct/indirect pulp cap	
Cases showing evidence of arrested caries	
Treatment of hypersensitive dentine per case	
Cores	
Emergency crown (vital tooth)	
Assisting	

Emergency restorative procedures	
<i>Other: please specify: add rows as necessary</i>	

Oral Medicine:	
PROCEDURE	QUANTITY
Patient Examination	
Diagnostic / investigative tests	
Surgical management	
Non-surgical management	
Referral/ Follow-up visit	
Write up cases as journal articles	
<i>Other: please specify: add rows as necessary</i>	

Orthodontics:	
PROCEDURE	QUANTITY
Cephalometric tracing with measurements and interpretation	
Impressions	
Trimmed orthodontic casts	
Cast and permanent dentition analysis	
Mixed dentition analysis	
Soldering	
Fixed Lingual Arch (FLA)	
Nance Holding Appliance (NHA)	
Quad Helix (QH)	
Appliance delivery per patient: removable	
Appliance delivery per patient: fixed (not brackets)	
Power Point case presentation to peers	
Mixed dentition patients under orthodontic management in final year	
<i>Other: please specify: add rows as necessary</i>	

Paediatric dentistry:	
PROCEDURE	QUANTITY
History, diagnosis and Treatment Planning	
Behaviour management – chairside extractions	
Fluoride treatment	
Scale and polish / polishing only	
Caries risk analysis	
Diet analysis	
Fissure sealants per tooth	
Preventive resin restoration	
Amalgam restorations	
Tooth coloured restorations	
Stainless steel crown	
Pulpectomy primary tooth	
Pulpotomy primary tooth	
Strip crowns	
Completed cases	
Restorations of primary teeth	
Restorations of permanent teeth	
General anaesthesia cases	
Sedation cases	
Management of a special needs patient	
Micro-abrasion/ bleaching	
Trauma cases	
Space maintainers/ dentures	
Emergency cases	
Assisting	
<i>Other: please specify: add rows as necessary</i>	

Periodontology:	
PROCEDURE	QUANTITY
Comprehensive patient examination and Treatment planning	
Oral Hygiene instructions	
Scaling and Polishing	
Root planing	
Re-evaluation	
Supportive Periodontal Therapy (Maintenance)	
Assisting in a surgical procedure	
Write up- Exam cases	
<i>Other: please specify: add rows as necessary</i>	

Removable Prosthodontics:	QUANTITY
PROCEDURE	QUANTITY
Complete dentures	
Immediate Replacement complete denture	
Single complete denture opposing natural complete or partial dentition	
Acrylic-based removable partial denture with rests	
Metal-based removable partial denture: Kennedy Class I or II	
Metal-based removable partial denture: Kennedy Class III or IV	
Repairs	
Relines	
Tissue conditioner per denture	
Immediate Replacement partial denture	
Duplication of complete dentures	
Lingualised Occlusion	
Double Alginate impression & Compo and ZOE final impression	
Remounting	
Bite Plane	
Flexible dentures	
<i>Other: please specify: add rows as necessary</i>	

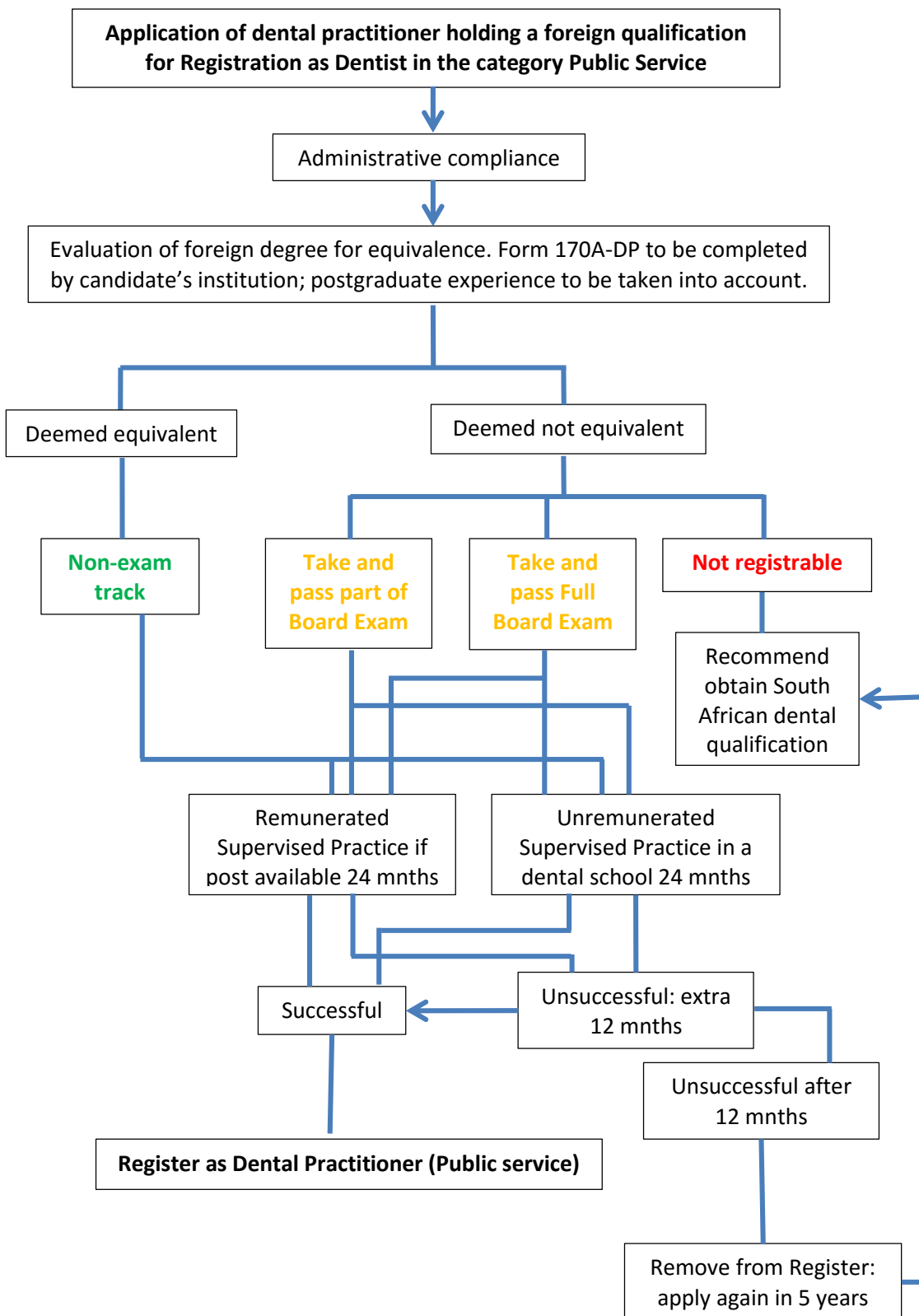
Fixed Prosthodontics:	QUANTITY
PROCEDURE	QUANTITY
Anterior ceramo-metal or ceramic crown	
Posterior crown: metal, ceramo-metal or ceramic	
CAD/CAM inlay or onlay	
CAD/CAM posterior crown	
CAD/CAM anterior crown	
Cast post and core	
Preformed post and core	
3-unit bridge	
3-unit bonded bridge	
Veneer (indirect)	
Biteplate	
<i>Other: please specify: add rows as necessary</i>	

Community Dentistry / Oral Public Health:	
PROCEDURE	QUANTITY
Social Context of health/Oral Health	
Primary Health Care (PHC) Approach – Re-engineering of PHC and Health/Oral Health	
Education and Promotion	
Communication Skills	
Planning, monitoring and implementing community based oral health prevention, oral health education and promotion programmes	
Evidence based dentistry including critical appraisal, study designs, and clinical decision making	
Develop and present a research protocol and compile a short report	
Dental epidemiology	
Dental indices	
Fluorides	
Oral health and HIV, dental caries, periodontal disease, oral cancer	
Dental statistics	
<i>Other: please specify: add rows as necessary</i>	

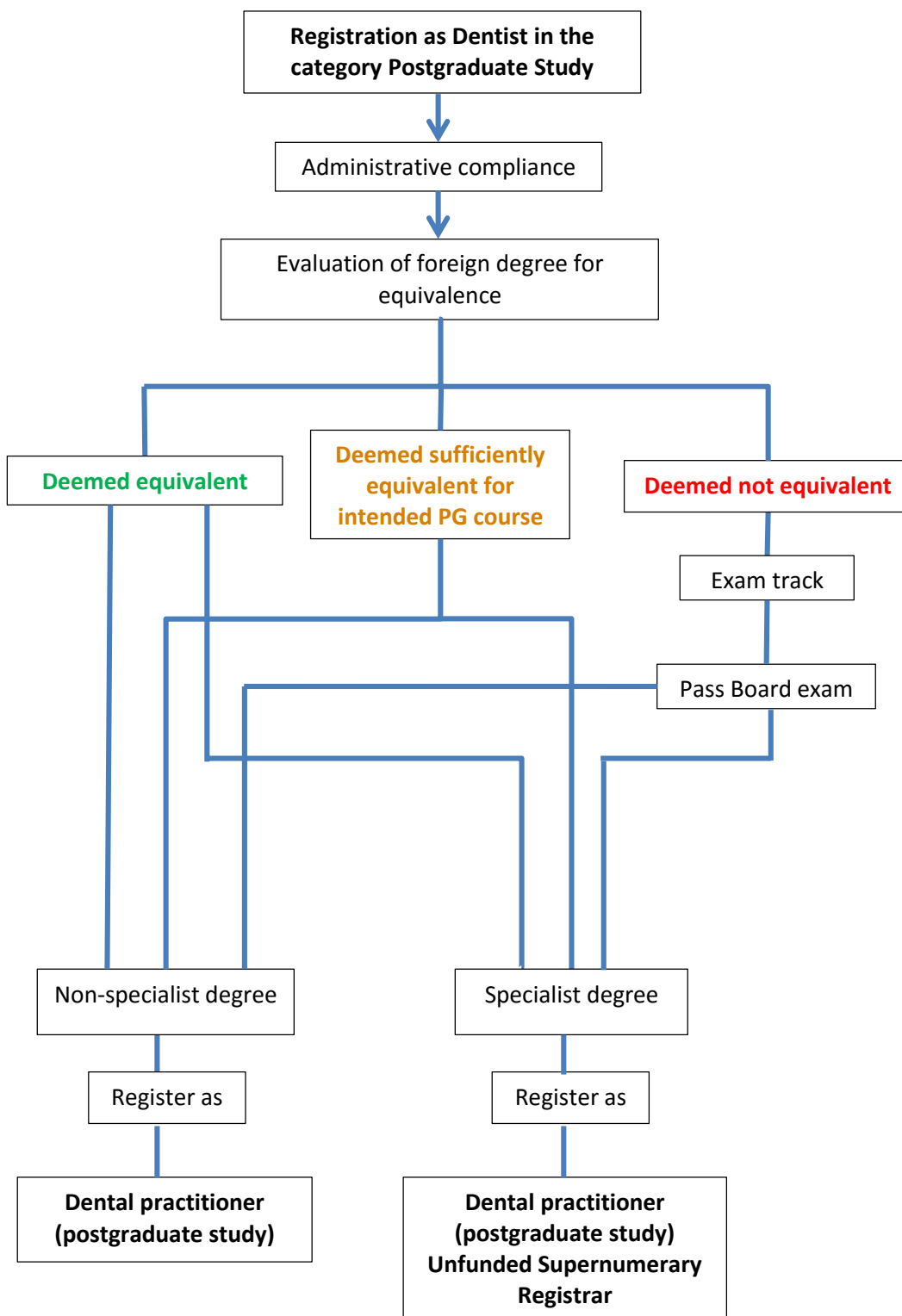
Comprehensive Patient Care:	
PROCEDURE	QUANTITY
Diagnosis and emergency treatment, walk-in cases	
Comprehensive assessment, diagnosis and treatment planning	
Comprehensive treatment completed	
<i>Other: please specify: add rows as necessary</i>	

FLOW CHARTS FOR FOREIGN QUALIFIED DENTISTS OR SPECIALISTS WISHING TO REGISTER WITH THE HPCSA.

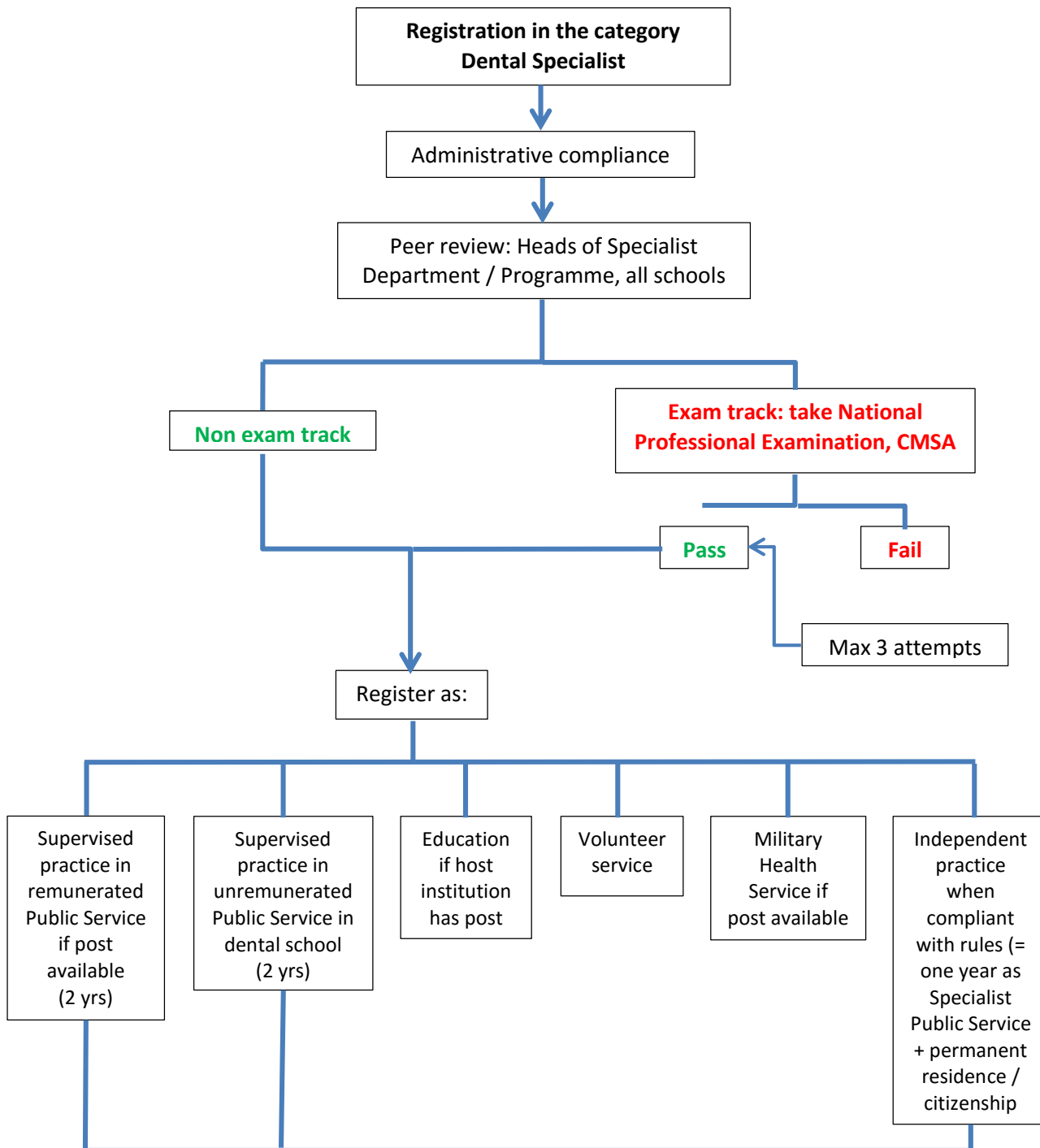
1. Registration as Dentist in the category Public Service



2. Registration as Dentist in the category Postgraduate Study



3. Registration in the category Dental Specialist



FORM 12

NB: NON COMPLIANT APPLICATIONS WILL BE REJECTED**APPLICATION FOR REGISTRATION****FOR FOREIGN QUALIFIED DENTAL PRACTITIONER / SPECIALIST**

CATEGORY wishing to register in: PUBLIC SERVICE POST GRADUATE
 VOLUNTEER SERVICE EDUCATION SPECIALIST SPECIALIST SHOULD ALSO SUBMIT
 FORM 21 AND FORM 19

1. Title (Prof, Dr): Surname:

2. Maiden Name (if applicable):

3. First name(s):

4. Date of birth: Birth Place:

5. Postal address:

Tel. (Work): (Home):

Cell: Fax:

E-mail Address:

*Marital Status: Divorced Married Single *Gender: Male Female*Race African Asian "Coloured" White *Country of origin:
*Citizenship:

* For statistical purposes only – Information required by the National Department of Health.

DOCUMENTS REQUIRED PER CATEGORY OF REGISTRATION, MARKED WITH AN X UNDER THE APPLICABLE CATEGORY	PUBLIC SERVICE	POST GRAD	VOLUNTEER	EDUCATION	SPECIALIST
Notarised Undergraduate Degree	X	X	X	X	X
Notarised copy of Transcript of dental qualification	X		X	X	X
Notarised Identity Document / Passport	X	X	X	X	X
Notarised copy of specialist qualification					X
Detailed academic curriculum of specialist training					X
Evidence specified period which the applicant had spent at the training/teaching hospital					X
Evidence that the hospital is a teaching hospital					X
Original Certificate of Status (Affidavit in case of re-registration)	X	X	X	X	X
Deans supporting letter		X		X	
FWMP endorsement letter	X	X		X	X
Health Care Provider letter			X		
Notarised copy of Identity Document	X	X	X	X	X
Notarised copy of Colleges exam					X
Original Certificate of Status from University	X	X	X	X	X
Original Proof of Internship Training	X		X		X

Protecting the public and guiding the professions

President: Dr TKS Letlape, Vice President: Mr LA Malotana, Registrar/CEO: Adv P Khumalo (acting)

DOCUMENTS REQUIRED PER CATEGORY OF REGISTRATION, MARKED WITH AN X UNDER THE APPLICABLE CATEGORY	PUBLIC SERVICE	POST GRAD	VOLUNTEER	EDUCATION	SPECIALIST
Registration Fees Paid	X	X	X	X	X
SAQA evaluation	X	X	X	X	X
IELTS Certificate	X	X	X	X	X
Valid Job Offer – NDOH	X		X	X	X
Detailed and up to date Curriculum Vitae outlining professional engagement.	X		X	X	X

Qualifications:

Name of Degree	University or Institution where degree/qualification was obtained	From		To	
		Month	Year	Month	Year

Professional Experience (in chronological order)

Name of Institution	Nature of appointment held	From		To	
		Month	Year	Month	Year

DECLARATION BY APPLICANT APPLYING FOR REGISTRATION IN TERMS OF THE HEALTH PROFESSIONS ACT, 1974

I,.....hereby
declare under oath as follows:

- a. I am the person referred to in the accompanying certificate(s) of qualification(s) which I submit in support of my application to be registered as a Dental Practitioner in the Republic of South Africa.

b. The said qualification(s) was/were granted to me after examination and is/are my own lawful property, and entitle me as far as professional qualifications are concerned, to practise as a Dental Practitioner in the country of its/their origin, namely –

.....
...

c. The course of study in professional subjects which I underwent, covered a period of academic years. The last academic years of professional study for admission to the examination for the qualification(s) in respect of which I apply for registration, were taken at

.....
(Insert name of University or Dental School).

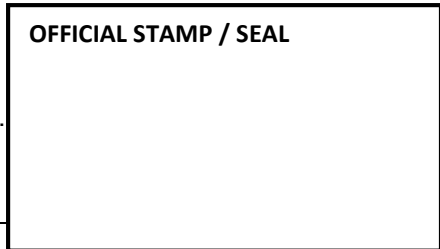
d. I have never been convicted in any country of any offence against the law or been debarred from practice by reason of misconduct and, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at present*.

e. I further accept that my application may be delayed should I fail to submit all the required documentation.

Signature

SWORN before me at

thisday of 201....



Signature:

Justice of the Peace or Commissioner of Oaths

I, the undersigned**
of hereby declare under
oath:

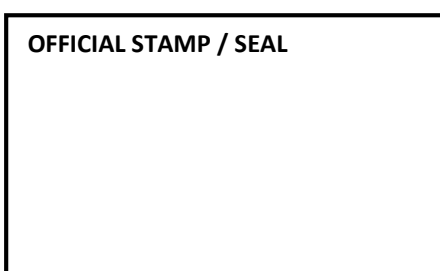
To the best of my knowledge and belief, the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as a Dental Practitioner.

Signature: Profession or calling

SWORN before me at this

.....day of 201.....



Signature:

Justice of the Peace or Commissioner of Oaths

District of.....

I, the undersigned**
of hereby declare under
oath:

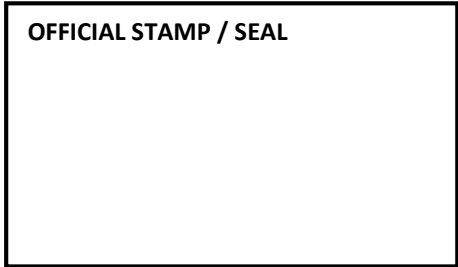
To the best of my knowledge and belief, the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as a Dental Practitioner.

Signature: Profession or calling

SWORN before me at this

.....day of 201.....



Signature:

Justice of the Peace or Commissioner of Oaths

District of.....

* *If the applicant is unable to make the declaration above, the Council, in order to consider the application, will require full particulars of the reasons for his or her inability.*

** *The signatories should preferably be Dental Practitioners.*

Any other relevant facts which the applicant wishes to bring to the attention of the Board and attached the relevant documents.

COMMENT:

