

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
PROFESSIONAL BOARD FOR SPEECH, LANGUAGE AND HEARING PROFESSIONS
GUIDELINES FOR REGISTRATION

FOREIGN QUALIFIED SPEECH, LANGUAGE AND HEARING PROFESSIONS GRADUATES

These guidelines are intended to assist an applicant who wishes to register with the Professional Board for Speech, Language and Hearing Professions.

1. Professional Studies

- 1.1 An applicant must hold a qualification equivalent to the recognised South African qualification.
- 1.2 The minimum period of education must correspond with the education required from candidates qualifying in South Africa.

2. Practical Training/Professional Experience

An applicant for registration must also submit official documentary evidence of having completed full-time practical training and/or professional experience.

3. Documents

The following documents must be submitted to the Professional Board at the address provided in (5) below:

- The attached application form, duly completed
- Copies of all degree/diploma certificates or similar academic qualifications certified by an attorney in his capacity as notary public and bearing the official stamp. Copies certified only by a Commissioner of Oaths **will not be accepted.**
- Original transcripts of record issued by your educational institution indicating course content of each qualification referred to above (copies of original documents will only be accepted if duly certified as outlined above).
- A recent original Certificate of Status (Certificate of Good Standing), indicating that the applicant is in good standing, issued by the foreign registration authority where the applicant is currently registered which has been issued within the preceding three months.
- A copy of a valid Passport or Identity Document as proof of current citizenship, duly certified by a notary public as indicated above.
- A letter of endorsement in support of the application for registration issued by the Foreign Workforce Management Program (FWMP) of the National Department of Health (Form 176 DOH attached hereto for this purpose). Applications should be directed to The Programme Manager, FWMP, Room 1123, Fedlife Building, National Department of Health, Private Bag X828, Pretoria, 0001, RSA (Corner of Church and Prinsloo Streets).

4. Board Examinations

Once all the above requirements in 1, 2 and 3 have been met, the applicant will generally be required to sit for a Board examination encompassing both theory and practical aspects of the profession in which the applicant would like to practice. Details regarding the date, venue, nature of the examination, fees and other relevant information will be provided once the Board is satisfied that the applicant meets the minimum requirements. Applications are evaluated on the basis of documents submitted by the applicant or information received by the Board regarding the applicant through means available to the Board as it may deem fit.

3. Address/Enquiries

Applicants will be required to address their enquiries and or applications with relevant documents as outlined in 1 above to:

The Registrar
HPCSA
P O Box 205
PRETORIA
0001

A. APPLICATION FOR REGISTRATION AS A

1. Title: (Dr/Mr/Mrs/Miss):Surname:
2. Maiden Name (if applicable)
3. First name(s):
4. Date of birth: Birth Place:
5. Postal address:
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6. Tel. (Work): (Fax):
7. (Home): (Cell):
8. E-mail address:
9. Present employer:
10. Position/appointment held:

B. Qualifications

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

C. Practical Training (Completed concurrent with or after completion of professional education)

Name of Institution	Category in which training was completed	From		To	
		Month	Year	Month	Year

D. Professional Experience (In chronological order)

Name of institution	Nature of appointment held	Full-time/part-time	From	To	Total period in months	Enclosed documentary evidence marked A, B, etc

E. Registration Details

- 1. Name of Registering Authority:
- 2. Registration Number: 3. Date of first registration:
- 4. Contact Details of Registering Authority:
 - 4.1 Postal Address:
 - 4.2 Tel Number:
 - 4.3 Fax Number:
 - 4.4 E-mail address:

F. Any other relevant facts which the applicant wishes to bring to the attention of the Board:

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G. I hereby confirm that the information supplied is true and accurate and understand that my application could be turned down should any information I have supplied be proved false and inaccurate. I further accept that my application may be delayed should I fail to submit all the relevant documentation or to provide the relevant information

Signature: Date:

H. For Office Use only

Documents received	Yes	No
1. Copies of all degree/diploma certificates – (Notarised)		
2. Transcripts of record – Curricula – (Certified)		
3. Certificate of Status from Registering Authority – (Not older than 6 months)		
4. Passport or Identity Document – (Certified)		
5. Offer of Employment		
6. Proof of payment – handling fee of R500,00		
7. Academic qualifications evaluated by SAQA		

