

Registration Requirements

9.1 REQUIREMENTS FOR REGISTRATION AS A STUDENT – DENTAL THERAPISTS	<p>a) FIRST TIME REGISTRATION AS STUDENT (TT-S)</p> <ol style="list-style-type: none">1. Original duly completed form 53 DOH for individuals, otherwise training institution submits registration information directly to HPCSA2. A copy of ID document or birth certificate.3. Registration fee as published on the website (penalty fee is also payable at a rate per month in respect of each month or part of month which application is submitted later than two months after date of registration at university). <p>b) RE-REGISTRATION AFTER INTERRUPTION OF STUDIES FOR ONE YEAR OR MORE</p> <ol style="list-style-type: none">1. Original certificate of registration as student.2. Certificate of resumption of study issued by University.3. Re-registration fee as published on the website <p>c) RE-REGISTRATION AFTER INTERRUPTION OF STUDIES FOR LESS THAN A YEAR Certificate issued by Training Institution with an indication of enrolment and year of study.</p>
9.2 REQUIREMENTS FOR REGISTRATION OF DENTAL THERAPISTS (TT)	<p>a) SA QUALIFICATION</p> <ol style="list-style-type: none">i. Training Institution provides registration information on a spreadsheet directly to HPCSA, or for individuals: Original form 23 duly completed by applicant and training institution OR Form 24 duly completed and original Degree in Dental Therapy or a copy certified by a Notary Public.ii. A copy of ID document or birth certificate.iii. Registration fee plus pro rata annual fee as published on the website.iv. A copy of registration certificate with the HPCSA.v. Registered in the category: Supervised Practice. <p>b) APPLICATION TO ENTER INTO INDEPENDENT PRACTICE</p> <ol style="list-style-type: none">i. Must have been in Supervised Practice for more than a year.ii. Original form 189 to be submitted to the registration department <p>c) FOREIGN APPLICATIONS</p> <ol style="list-style-type: none">i. Form 176 (refer to Committee Coordinator of the Board for submission of the application to the Professional Board).ii. Examination fee as published on the websiteiii. Original or Notarised copy of SAQA evaluation report.iv. proof of successful completion of the final examination for dental therapists at an accredited training institution in South Africa.v. a letter of endorsement in support of the Foreign Workforce Management Program (FWMP) of the National Department of Health. Applications may be directed to: The Program Manager, FWMP, CIVITAS Building / National Department of Health, Private Bag x 2828, Pretoria (applicable only to non-South African citizens).

	<ul style="list-style-type: none"> vi. a copy of your qualification certificates duly certified by a NOTARY PUBLIC, i.e., an attorney in his/her capacity as a notary public and bearing the official stamp. Copies certified by a Commissioner of Oath will not be accepted. vii. a copy of a valid passport or identity document as proof of current citizenship duly certified by a notary public as indicated above. viii. proof of payment of the relevant registration fee plus pro rata annual fee as published on the website.
9.3 REQUIREMENTS FOR REGISTRATION OF STUDENT DENTAL ASSISTANT	<ul style="list-style-type: none"> i. Must register with the HPCSA within 4 months of registering with the accredited university. ii. Training institution submits a spreadsheet with all students to be registered. Submission is made directly to HPCSA. Original duly completed form 53 DOH by the student and the university, for individuals who were not part of bulk. iii. Copy of Identity document. <p>Registration fee as published on the website (penalty fee is also payable at a rate per month in respect of each month or part of month which application is submitted later than four months after date of registration at university).</p>
9.4 REQUIREMENTS FOR REGISTRATION OF DENTAL ASSISTANTS	<ul style="list-style-type: none"> i. Training institution submits a spreadsheet with all graduates to be registered. Submission is made directly to HPCSA. Original duly completed form 24 DA and notarized copy of qualification or. ii. Original duly completed form 23 DOH. iii. Copy of marriage certificate should you wish to register in your marriage surname. iv. Registration fee plus pro rata annual fee as published on the website.
9.5 REQUIREMENTS FOR REGISTRATION OF STUDENT – ORAL HYGIENIST (OH-S)	<ul style="list-style-type: none"> i. Must register with four months of registering with an accredited university in South Africa. Training institution submits a spreadsheet with all students to be registered. Submission is made directly to HPCSA. ii. Original duly completed form 53 DOH for individuals whose applications missed the spreadsheet. iii. Clear copy of ID document. <p>iv. Registration fee as published on the website (penalty fee is also payable at a rate per month in respect of each month or part of month which application is submitted later than four months after date of registration at university).</p>
9.6 REQUIREMENTS FOR REGISTRATION AS AN ORAL HYGIENIST (OH)	<ul style="list-style-type: none"> i. Training institution submits a spreadsheet with all graduates to be registered. Submission is made directly to HPCSA. Original form 23 duly completed by the applicant and the university or. ii. Original form 24, duly completed and original qualification certificate or a copy certified by a Notary Public. iii. A copy of ID document with a clear photograph. iv. Registration fee plus pro rata annual fee as published on the website. v. A copy of registration certificate with the Health Professions Council of South Africa. vi. Registered in the category: Supervised Practice

<p>9.7 REQUIREMENTS FOR REGISTRATION AS AN ORAL HYGIENIST (EXPANDED FUNCTION)</p>	<p>i. original form 23 duly completed by the applicant and the university or. ii. Original Form 24 and original qualification certificate or a copy certified by a Notary Public. iii. Form 19 duly completed. iv. A copy of ID document or passport with a clear photograph. v. Registration fee plus pro rata annual fee as published on the website. vi. Registered in the category: Supervised Practice/ or Supervised (Expanded Function).</p>
<p>9.8 REQUIREMENTS FOR REGISTRATION IN THE CATEGORY INDEPENDENT PRACTICE</p>	<p>i. Supervised Practice for more than a year. ii. Original form 189 A.</p> <ul style="list-style-type: none"> • After registering a qualification in Oral Hygiene approved by the Board and serving a period of at least one year under supervision of a registered dentist, dental therapist, or another oral hygienist. • The supervisor must be registered with the HPCSA for at least one (1) year in the category independent practice (uninterrupted). • If the Oral Hygiene qualification was obtained prior to 2001, must have also obtained a further qualification in expanded clinical functions in Oral Hygiene offered by any of the examining authorities approved by the Board AND • After successfully completing of First Aid Level 3 - <ul style="list-style-type: none"> - Accredited by the Health and Welfare Sector Education and Training Authority (HWSETA) training and approved by any SAQA). - Accredited and obtained from the Department of Labour. - A 50-hour First Aid Course accredited by the Quality Council for Trades and Occupations (QCTO). • An original form 189 A bearing the official stamp of the employer/supervisor is acceptable for registration. <p>An original certificate issued by a recognized provider of first aid must be submitted together with the application form (Form 189A). A copy of the certificate will be accepted only if it is notarized by a NOTARY PUBLIC i.e., an attorney in his/her capacity as a Notary Public and bearing the stamp.</p> <p>PLEASE NOTE:</p> <ul style="list-style-type: none"> • The first aid level 3 certificates obtained after the 4th of July 2021 will not be recognised for registration as per the amended Occupational Health and Safety Act OHS Act published in the Government Gazette on 4 June that First Aid Level 1 (and 2 and 3) no longer existed as from 1 April 2021. • The period of validity for first aid courses remains three years, after which one would need to be recertified.

**9.9 REQUIREMENTS FOR
REGISTRATION OF FOREIGN
QUALIFIED**

- i. Form 176 (refer to Committee Coordinator of the Board for submission of the application to the Professional Board).
- ii. Original or Notarised copy of SAQA evaluation report.
- iii. proof of successful completion of the final examination for dental therapists at an accredited training institution in South Africa.
- iv. a letter of endorsement in support of the Foreign Workforce Management Program (FWMP) of the National Department of Health. Applications may be directed to: The Program Manager, FWMP, CIVITAS Building / National Department of Health, Private Bag x 2828, Pretoria. (Applicable only to non-South African citizens).
- v. a copy of your qualification certificates duly certified by a **NOTARY PUBLIC**, i.e., an attorney in his/her capacity as a notary public and bearing the official stamp. Copies certified by a Commissioner of Oath will **not** be accepted.
- vi. a copy of a valid passport or identity document as proof of current citizenship duly certified by a notary public as indicated above.
- vii. Proof of payment of the registration fee plus pro rata annual fee as published on the website