



**Form 18 PPB
Portfolio**

HEALTH PROFESSIONS OF SOUTH AFRICA

PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIOKINETICS

PORTFOLIO FOLLOWING COMPLETION OF PERIOD OF SUPERVISED PRACTICE

APPLICANT

Registration Number			
Title (Mr, Mrs, etc.), Initials and Surname			
Cellphone			
E-mail			
Date of Erasure	< 2 years	2 - 5 years	> 5 years
Date registered in supervisory practice			

SUMMARY OF SUPERVISED PRACTICE

Name of Institution / Practice / Hospital	Hours	From		To	
		Month	Year	Month	Year

INFORMATION REGARDING SUPERVISING PRACTITIONER*	
Title, Initials and Surname	
Registration number	
Date first registered with the HPCSA	
Name of practice / institution / hospital	
Designation / post status	
Cellphone no	
E-mail	

* If more than one supervisor, please complete one form for each supervisor

CPD RECORD

CPD ACTIVITY (provide brief description of the activity e.g. online, F2F, workshop, short course etc.)	DATE	LEVEL	NUMBER OF CEU'S
		Total points	

Please indicate that you have submitted the following:

CASE REPORT SUBMITTED (refer to the guidelines regarding the format/structure of the case study for each profession)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CERTIFICATE SUBMITTED (BLS level 1 certificate including CPR and AED protocols or First Aid level 2).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
LETTER FROM THE SUPERVISOR	YES <input type="checkbox"/>	NO <input type="checkbox"/>

I hereby declare that the information contained in this document is to the best of my knowledge correct.

SIGNATURE: SUPERVISING PRACTITIONER	DATE
SIGNATURE: APPLICANT	DATE

2022-March