



Form 189A

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
CERTIFICATE OF COMPETENCE: ORAL HYGIENIST
APPLYING FOR REGISTRATION IN THE CATEGORY: INDEPENDENT PRACTICE
FOR PRACTITIONERS WHO OBTAINED A QUALIFICATION AFTER 2001

This duly completed application must be forwarded or delivered to:
 The Registrar, P O Box 205, Pretoria, 0001 / 553 Madiba Street, Arcadia, Pretoria 0083

Registration Number:

OH:

PERSONAL INFORMATION OF APPLICANT

Title:.....Initials & Surname:

Postal Address:

Tel No: E-mail: Cell No:

Name of Facility:	Address

I/we the undersigned Dentist(s)/r Dental Therapist(s) (in independent practice) of the abovementioned facility(s) hereby certify that the above-mentioned applicant practiced in accordance with the ethical rules of the HPCSA, for the periods specified, and that during these periods he/she was professionally competent.

NOTE:

- (i) If the certificate is qualified to the effect that the service of the Oral Hygienist was not satisfactory, a detailed statement should be submitted by the Supervisor as to the reasons why the service is considered unsatisfactory.
- (ii) To register in the category "independent practice", the applicant must be registered with the HPCSA in the category "supervised practice" and have worked under supervision of a dentist, dental therapist who is registered in the category "independent practice".

		Period		Name of Dentist/Dental Therapist (Please Print)	Signature and Date	Tel No	HPCSA Registration number
		From	To				
1.	Supervised practice in Dental Therapy						
2.	Leave Taken						
2.1	Ordinary Leave						
2.2	Sick Leave						