HPCSA
Health Professions Council of South Africa

Form 189

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

CERTIFICATE OF COMPETENCE: DENTAL THERAPISTS
APPLYING FOR APPROVAL TO PRACTISE INDEPENDENTLY
FOR PRACTITIONERS WHO OBTAINED A QUALIFICATION AFTER 1993

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:

TT: ……………………………………………….………

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 Dental Therapist 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 Supervisor	Signature	Date	HPCSA Registration number & Tel No
	From	**To**				
Supervised practice in Dental Therapy						
Supervisor:						
Applicant:						
2. Leave Taken during period of supervised practice						
2.1 Ordinary Leave						
2.2 Sick Leave						