

 Health Professions Council of South Africa	<p style="text-align: center;"><b>HEALTH PROFESSIONS OF SOUTH AFRICA PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY UNDERTAKING BY SUPERVISOR REGARDING SUPERVISION</b></p>
<p style="text-align: center;"><b>Form 18 C MT</b></p>	

(To be completed by the supervising practitioner)

<b>SUPERVISING PRACTITIONER</b>	
Title, Initials and Surname	
Registration number	
Name of approved laboratory	
Registered with the HPCSA since	
Laboratory	
Telephone Number	
Cell Number	
E-Mail Address	
Fax Number	
<b>Short summary relating to relevant experience as supervisor</b>	
<b>Short outline of frequency of planned supervision</b>	

<b>CANDIDATE TO BE SUPERVISED</b>	
Title (Mr, Mrs, etc.)	
Initials and Surname	
Registration Number	
Postal Address	
Telephone Number	
Cell Number	
E-Mail Address	

**UNDERTAKING BY SUPERVISOR**

In the event that the supervisor is unable to continue with the supervision and withdraw to supervise the practitioner; the supervisee and the training facility has the obligation to inform the HPCSA regarding the withdrawal of the supervisor without delay. A contingency plan from the training facility and the supervisee informing the HPCSA of the new allocated supervisor.

I hereby confirm that I am registered for a period of more than three years in the same profession as the applicant, that I have had appropriate experience as supervisor and that I am available to supervise -

\_\_\_\_\_  
(Name of Candidate)

during the prescribed period of 6 months or a period equivalent to 1000 hours and to monitor performance and hours worked.

I am further aware that –

- The period of supervision can only commence once the Board Administration has confirmed that my appointment as supervisor has been approved by the relevant Committee
- The period of supervised practice aims to verify that practice competence has been maintained in order for restoration to independent practice to be granted
- I would be required to submit a duly completed “Supervisor Evaluation Report” (Form 18 D MT Supervisory Report) to the Board Administration at the end of the period of supervised practice
- I am aware that the report that I complete at the end of supervised practice will be made available to the candidate being supervised

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE**

Submitted to the Committee for approval on .....

**Approved**

**Not Approved**

Comment, if any:

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