



APPLICATION FOR RESTORATION OF NAME TO THE REGISTER IN TERMS OF SECTION 19(5) OF THE HEALTH PROFESSIONS ACT, 1974 (ACT No. 56 OF 1974)

Form 18 A OCP

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please PRINT and return the FORM to: The Registrar, PO Box 205, Pretoria 0001 553 Vermeulen Street, Arcadia, Pretoria 0083

A. PERSONAL PARTICULARS

HPCSA Registration Number: I, (Dr, Mr, Mrs, Miss) Surname: Maiden name (if applicable): First names: Identity No.: Postal address: Residential address: Tel (H): (W): Cell: Fax: Email: \* Marital Status: Divorced Married Single Gender: Male Female \* Race: Asian African Coloured White Country of origin:

I request that my name be restored to the register of for the Republic of South Africa and hereby make oath and declare that I was registered as a with the registration number My name was erased from the register under Section 19 of the Act. I also declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country and that, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present.\*\*

SIGNATURE: PRACTITIONER DATE:

ORIGINAL OFFICIAL STAMP OF COMMISSIONER OF OATHS

SIGNATURE TO BE COMPLETED BY COMMISSIONER OF OATHS DATE

\*\* If you are unable to make the declaration in this paragraph, the Council requires full particulars of the reason for your inability to do so in order to consider the application.

- B. The following is submitted in support of my application: 1. The amount of in respect of my application for restoration. 2. A copy of my marriage certificate (should you wish to register in your married surname).

\* Please complete for statistical purposes.

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.

**FURTHER DOCUMENTATION TO BE SUBMITTED IN ADDITION  
TO THE REQUIREMENTS REFLECTED ABOVE**

**Restoration following voluntary erasure or erasure due to non-payment of annual fees:**

- A summary of activities and employment within and outside the profession during the period of erasure (Template attached hereto).
- Original documentary evidence of work experience issued by the relevant employers. Evidence regarding experience and appointments held must specify the exact nature and extent of work performed and the periods during which the appointments were held
- A summary of CPD activities completed during the period of erasure as per the Continuing Professional Development policy of Council (Template attached hereto).
- Original documentary evidence regarding undergraduate and / or postgraduate studies since erasure from the register in South Africa (if applicable).
- If the applicant was registered outside South Africa since erasure of his/her name from the register, a recent original Certificate of Status (Certificate of Good Standing), issued by the foreign registration authority within the preceding three months.



**Form 18 A OCP  
Application for  
Restoration**

**HEALTH PROFESSIONS OF SOUTH AFRICA**

**PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND  
PROSTHETICS AND ARTS THERAPY**

**FIRST APPLICATION FOR RESTORATION OF NAME TO THE REGISTER**

**APPLICANT**

Registration Number

Title (Mr, Mrs, etc.), Initials and Surname

Date of Erasure (For office use only)

Summary of activities and employment since erasure of name from the register:

Activities / Name of Institution	Nature of appointment held	From		To	
		Month	Year	Month	Year

**FURTHER STUDIES UNDERTAKEN SINCE ERASURE OF NAME FROM THE REGISTER (IF APPLICABLE)**

QUALIFICATION / COURSE	NATURE AND RELEVANCE	DATE STARTED	DATE COMPLETED

**CPD ACTIVITIES ATTENDED DURING PAST TWO YEARS**

CPD ACTIVITY	DATE ATTENDED	LEVEL	NUMBER OF CEU'S
<b>Total CEU's</b>			

**I hereby declare that the information contained in this document is to the best of my knowledge correct and that I may be required to meet specific requirements in order to have my name restored to the register.**

<b>SIGNATURE: APPLICANT</b>	<b>DATE</b>
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2012-09-13