Health Professions Council of South Africa

Form 24 OTT

PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS & PROSTHETICS & ARTS THERAPY

APPLICATION FOR REGISTRATION AS AN OCCUPATIONAL THERAPY TECHNICIAN

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PRINT and return the ORIGINAL FORM to:
The Registrar, PO Box 205, Pretoria 0001 by registered mail for ease of tracking mail.
553 Madiba 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: .....

..... Postal code: .....

Residential address: .....

..... Postal code: .....

Tel (H): ..... (W): .....

Cell: ..... Fax: .....

Email: .....

* Marital Status: Divorced | Married | Single Gender: Male | Female

* Race: Asian | African | Coloured | White Country of origin: .....

Hereby apply to register as ..... and declare that I am the person referred to in the certificate below. Further, I have never been convicted of any criminal offence or been debarred from practising my profession in any country by reason of a criminal offence or unprofessional conduct and 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: ..... **Date:** ..... **20** .....

B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:

- ☐ 1. Registration fee: **R803.00** Annual Fee**: R597.00 applicable from the period 1 April 2024 to 31 March 2025.** Banking details as on the website (**Registration number as deposit reference) Please attach proof of payment**.
- ☐ 2. Documentary evidence of having successfully completed the examination of the Board;
- ☐ 3. A copy of my occupational therapy assistant (OTB) registration certificate with the Health Professions Council of South Africa.
- ☐ 4. A copy of my identity document or birth certificate.
- ☐ 5. A copy of my marriage certificate (should you wish to register in your married surname).

C. CERTIFICATE OF HEALTH

I, ... of (address) .....

..... a registered medical practitioner, certify that I have medically examined ..... the applicant, and I declare that his/her health is such that it would not be detrimental to patients or to him-/herself to engage in the duties of his/her profession.

SIGNATURE: ..... **Date:** ..... **20** .....

D. CERTIFICATE OF CHARACTER

I, (full names): .....of address.....

Working as .....

(Medical Practitioner, Minister of Religion, Magistrate or other responsible person) certify that .....

..... the applicant, is personally known to me and that he/she is of good character.

SIGNATURE: ..... **Date:** ..... **20** .....

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.