



Health Professions Council of South Africa

Form 26 OSIN

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

APPLICATION FOR REGISTRATION AS AN INTERN MEDICAL ORTHOTIST AND PROSTHETIST

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, (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 for registration as an Intern Medical Orthotist and Prosthetist and declare that I am the person mentioned in the attached documents and that these documents were granted to me and are my own lawful property. 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. A copy of my certificate as a student with the Health Professions Council of South Africa;
2. Form 26A OS duly completed;
3. My original diploma/degree (a copy will only be accepted if certified by an attorney in his/her capacity as Notary Public and bearing the official stamp). Copies certified by a Commissioner of Oaths will not be accepted;
4. Registration fee: R542.00 applicable from the period 1 April 2023 to 31 March 2024. Banking details as on the website (Registration number as deposit reference) Please attach proof of payment
5. A letter from the supervising Medical Orthotist and Prosthetist, stating that he/she is willing to act as supervisor for the intern and stating the period of internship involved. The Supervisor will ensure that the training is undertaken in accordance with the approved internship programme.
6. A copy of my occupational therapy assistant (OTB) registration certificate with the Health Professions Council of South Africa.

ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED

C. TO BE COMPLETED BY THE UNIVERSITY

Name of University:

It is hereby certified that complied with all the requirements for the diploma of this institution on (day) (month) (year) and that this qualification will be conferred at a graduation ceremony on

WE RECOMMEND him/her for registration

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

SIGNATURE: OPERATIONAL HEAD DATE

SIGNATURE: REGISTRAR/PRINCIPAL DATE

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.

Updated/MM/ applicable from the period 1 April 2023 to 31 March 2024