

Form 27 OB/OSA

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

INTERN DUTY CERTIFICATE – MEDIAL ORTHOTISTS AND PROSTHETISTS, ORTHOPAEDIC FOOTWEAR TECHNICIANS AND ORTHOPAEDIC TECHNICAL ASSISTANTS

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

Α.	ISSUED BY:			
Name of Training Institution:				
Full Postal address:				
Postal code:				
Tel (H):		(W):		
Cell:		Fax:		
Email:				
SIGNA	TURE:	Date:	20	
B.	DECLARATION			
It is hereby certified that (Mr/Mrs/Miss) Candidate's full names oand surname:				
Was TRAINED at this instituion from				
And he/she				
	Passed the Orthopaedic Footwear Board Exam			ОВ
	Underwent practical training of a minimum of three years as set out in in Rules for the registration of Orthopaec Footwear Techinican and that his service was satisfactory			ОВ
	Underwent practical training of a minimum of tow years as set out in in Rules for the registration of Orthopaedic Technical Assistant and that his service was satisfactory			OSA
1. SIGNATURE: HEAD OF THE DEPARTMENT/SECTION OF THE ACCREDITED INSTITUTION				
Name: F	Please Print		Date:	.20
2. 5	SIGNATURE: HEAD: MEMBER OF PROFESSIONAL BOARD/MOP			
Name: F	Please Print		Date:	20
Delete where not applicable. If the candidate's service was not satisfactory, a detailed explanations, setting out the reasons, should be submitted. This explanation must be signed by persons 1 and 2. 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.				