



**THE PROFESSIONAL BOARD FOR MEDICAL
ORTHOTISTS AND PROSTHETISTS**

**INTERN DUTY CERTIFICATE – MEDICAL ORTHOTICS AND
PROSTHETICS**

Form 27 OS

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. ISSUED BY

Name of training institution: _____

Full postal address: _____

Code: _____

Telephone No. _____

B. DECLARATION

It is hereby certified that (Mr/Mrs/Miss*): _____

Candidate's full names and surname: _____

Postal address: _____

Code: _____

Was employed at this institution **from:** Date: _____

20

and **to** Date: _____

20

and that he/she completed at least two years practical training as set out in the Rules for the registration of orthopaedic technical assistants.

Underwent the practical training of a minimum of 1 200 hours/one year as set out in the Rules for the registration of medical orthotists and prosthetists, and that his/her service was satisfactory.**

1. _____

SIGNATURE:

Co - Supervisor

Name: Please print

20

Date: _____

2. _____

SIGNATURE:

Main Supervisor

Name: Please print

Date: _____

20

3. _____

SIGNATURE: Member of Professional Board/MOP

Name: Please print

Date: _____

20

* Delete where not applicable.

** If the candidate's service is not satisfactory, a detailed explanation, setting out the reasons, should be submitted. This explanation must be signed by persons 1, 2 and 3.

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.