



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

**GUIDELINES FOR REGISTRATION OF FOREIGN
QUALIFIED OCCUPATIONAL THERAPIST –
FORM 176**

PROFESSIONAL BOARD EXAMINATION POLICY

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1. GENERAL INFORMATION

This document should be read in conjunction with the Quality Management Systems (QMS) document with the following sections.

- a. Professional Board Examination Policy
- b. Concessions Policy
- c. Moderation Policy
- d. Appeals Policy

2. PREAMBLE

In terms of section 25 (2), the Council may require a person who holds a qualification referred to in subsection (1) above, and who applies for registration in terms of this section, to pass to the satisfaction of the Council, on a date and at a place determined by the Council, an evaluation contemplated in subsection 25 (3) before person appointed by the Council, for the purpose of determining whether such person possesses adequate professional knowledge and skill and whether he or she is proficient in any of the official languages of the Republic.

In terms of section 25 (3) of the Act, Act No. 56 of 1974, the Council may from time to time determine the nature of the evaluation which shall be conducted for the purpose of subsection 25 (2) above, and the fees which shall be paid by persons who present themselves for such evaluation, the requirements for admission to the evaluation, and any other matter relating to such evaluation, including the number of attempts and the fees which shall be paid by persons who present themselves for such evaluation.

Quality assurance is an important part of the assessment process. There are a number of practices that contribute to assuring the quality of the assessment process at different levels and a number of personnel involved in the chain of quality assurance, and moderation is one of them.

3. GLOSSARY OF TERMS

TERM	MEANING/DESCRIPTION
Board Examination	A theoretical and/ or practical examination which tests the knowledge and skills of the profession as approved by the relevant Professional Board with the aim of registration as a health professional to practice in South Africa.
Examinations	means a method of assessing the standard and/ or the skills and knowledge level achieved by a candidate in a discipline or profession.
Examiner	means a person appointed and/or approved by the Professional Board to ascertain whether the specific outcomes of a qualification and its underpinning programme have been achieved. An examiner should therefore be suitably qualified to assess learning at a specific level, with suitable training as his / her qualification being one hierarchical level higher in the same discipline than the level of paper / subject to be assessed.
Invigilator	means any person who supervises candidates during examinations, including any member of the Board or temporary staff specially appointed and trained for that purpose. The primary task of the invigilator is to ensure that the examinations rules are adhered to at all times.
Misconduct	means any unacceptable act or deed as determined by the Professional Board.
Moderation	means the process that ensures that the assessment of competence has been fair, valid and reliable.
Moderator	means a person accredited by the Higher Education Quality Committee (as the Higher Education ETQA) and appointed and approved by the Professional Board for measuring the specific outcomes achieved for a qualification and its underpinning programme; where such moderator should be suitably qualified to moderate learning at a specific level and have suitable assessor training; and where such suitable qualification shall be one hierarchical level higher in the same discipline than the level of the paper / subject.
Qualification	means the formal recognition and certification of learning achievement conferred by an accredited provider and signifies and formally certifies the demonstrated achievement of a person by means of a planned and purposeful combination of learning outcomes at a specified level of performance.

Viewing	means the viewing of the marked script by the candidates in the presence of the Education and Training personnel.
Re-marking	means the re-marking of an examination answer sheet / book by the moderator, or the reviewing of recording, audio or visual, and is subject to the payment of a fixed fee (about 50% of examination fee) by the candidate where applicable, where applicable.

4 INFORMATION FOR REGISTRATION AND EXAMINATION FOR OCCUPATIONAL THERAPY

Dear Sir / Madam

Your application for registration with the Health Professions Council of South Africa refers.

Foreign qualified health practitioners with qualifications that enable them to practice abroad/in their country of origin may apply for registration with the Health Professions Council of South Africa provided the applicant complies with the minimum requirements. The South African Minimum Standards for Training for professions registered within this Board (HPCSA) will be used as a guideline when the board examination is compiled. Candidates are advised to consult minimum standards documents, related to their profession, when selecting material to prepare for the examination.

Registration is on condition that the applicant submits written support in terms of employability from the Directorate: Workforce Management (DWM) of the National Department of Health, Pretoria.

The following procedure should be followed by foreign qualified practitioners:

Step 1:	Apply to the Board for registration by submitting current and relevant documentation, including an initial letter of endorsement towards employability issued by the DWM of the National Department of Health.
Step 2:	The education committee determines eligibility to sit the board examination. If approved, the first examination should be undertaken within a year of available examination after approval by the education committee.
Step 3:	Payment of the examination fee will be required for theoretical and practical examinations respectively before the examination. The date and venue of the examination will be decided by the Board but will be conducted in April and October annually. Proof of payment must be submitted with the application.
Step 4:	Undertake both part of the examination (theoretical and practical). A sub-minimum of 50% applies to each examination. Result will be available within six weeks of the last examination cycle undertaken.
Step 5:	If successful and on receipt of written confirmation from the Board, obtain a letter of endorsement from the DWM of the National Department of Health.
Step 6:	Pay the prescribed fee for the issuance of the relevant registration certificate.
Step 7	Upon successful completion of the Board examination and compliance with the DWM the candidate will be registered in the category community service for a period of 12 months.
Step 8	Upon completion of the 12-month's community service and compliance with the requirements of DWM (permanent residence status or South African citizenship), the candidate will be eligible to register in the category Independent Practice.

In order to avoid delays in the processing of your application **all documents, correctly certified** as per the requirements of the Board should be submitted preferably **in one batch**. Applications submitted by **facsimile (fax)** will not be entertained. All documentation required by the Board should be submitted in English. Only original translations of the required documents done by a sworn translator and duly sealed and notarised will be accepted. In addition to such English translations, legible copies of the original documents, certified and duly sealed by a Notary Public should be submitted.

It should be noted that **separate** applications should be prepared and submitted to the Health Professions Council of South Africa (Form 176 OCP) and the Directorate: Workforce Management (DWM) of the National Department of Health. (Form 176 DOH)

Should you require any further information, please feel free to write to the Professional Board or the DWM of the National Department of Health.

Yours faithfully

pp _____

REGISTRAR

5. PROFESSIONAL BOARD EXAMS

The Board examination is aligned to the vision of the HPCSA in “Setting healthcare standards for training, and fostering compliance” to ensure “Quality healthcare standards for all”
Professional Boards conduct examinations:

1. for foreign qualified health professions as outlined in section 15A of the Health Professions Act No 56 of 1974 amended.
2. to test the candidates’ ability to apply knowledge and skills relevant to a specific registration category.
3. for de-registered practitioners who wish to be restored back to the HPCSA registers.

6. SCOPE AND APPLICATION

This policy applies to the HPCSA, Professional Boards, Higher Education Institutions and other agencies administering Board Exams on behalf of the Professional Boards, Invigilators, Examiners, Moderators and the candidates.

7. LEGISLATIVE AND REGULATORY FRAMEWORK

Refer to the QMS Examination Policy Section

8. CORE ASSUMPTIONS AND PRINCIPLES OF ASSESSMENT

Adherence to the following assessment principles is key:

1. Validity, where assessment measures what it sets out to measure; where procedures, methods, instruments and materials are appropriate, useful and meaningful; and where there is validation – activities to ensure validity.
2. Reliability, where measures produce similar results under consistent conditions; where to a great extent, similar assessment-related judgements are made across similar contexts in consistent ways.
3. Integrity, where there is honesty in every part of the assessment process.
4. Transparency, where candidates and markers have clear understanding of the relevant processes.
5. Accountability, where all role-players in assessment processes acknowledge and account for their areas of responsibility.
6. Fairness, where candidates are assessed on what they know without favouritism or discrimination.
7. Absence of bias, where assessment practices do not in any way advantage or disadvantage particular candidates.
8. Professional Board Examinations shall only be conducted in English
9. Credibility in the form of supportive administration procedures, where physical and other conditions under which assessment is conducted do not unfairly prejudice assessment activities and outcomes

9. THE STRUCTURE AND FORMAT OF BOARD EXAMINATION

The Occupational Therapy exam has a written and an oral exam . The oral exam is virtual/online exam. The exam takes the core assumptions and principles of assessment into consideration.

Three hour written examination which shall provide for –

- i. an assessment of knowledge of basic sciences, intervention strategies according to the models of occupational therapy and the role of the occupational therapist in the public health arena, applicable to clinical practice in South Africa.
- ii. an assessment of the candidate's understanding of the ethics of the health professions and particularly the profession of occupational therapy, as practised in South Africa; and

A practical oral examination which will be based on the presentation of two case studies. Details for both these parts of the examination are reflected on page 32.

10. CRITERIA FOR APPROVAL OF APPLICATIONS

Foreign qualified health practitioners with qualifications that enable them to practice abroad/in their country of origin may apply for registration with the Health Professions Council of South Africa provided the applicant complies with the minimum requirements. The South African Minimum Standards for Training for professions registered within this Board (HPCSA) will be used as a guideline when the board examination is compiled. Candidates are advised to consult minimum standards documents, related to their profession, when selecting material to prepare for the examination.

Registration is on condition that the applicant submits written support in terms of employability from the Directorate: Workforce Management (DWM) of the National Department of Health, Pretoria.

Proof required of applicants to sit for the Board Examinations

1. Candidates who intend to take the Board Examinations are required to submit duly completed Board Examination Application Forms.
2. The application forms should be accompanied by proof of payment reflecting the candidate's full name, surname, HPCSA registration number and contact details.
3. Incomplete application forms shall not be processed and shall be returned to applicants. Applications received after the Professional Board approved closing dates will not be considered.
4. An admission letter issued by the relevant Professional Board will be the only acceptable proof that a candidate is registered for the examination.
5. Cancellation of an application to take the examination should be done in writing and should be directed to the relevant Professional Board.
6. Cancellation will result in forfeiture of the examination fee, which is levied to recover administrative costs.
7. Applicants should notify the HPCSA in writing of changes in either their address or contact details before the examination, not later than 14 days before the examination for which the application has been made.

11. REQUIREMENTS FOR ADMISSION TO SIT FOR THE BOARD EXAMINATIONS

In terms of section 25 (3) of the Act, Act No. 56 of 1974, the Council may from time to time determine the nature of the evaluation which shall be conducted for the purpose of subsection 25 (2) above, and the fees which shall be paid by persons who present themselves for such evaluation, the requirements for admission to the evaluation, and any other matter relating to such evaluation, including the number of attempts and the fees which shall be paid by persons who present themselves for such evaluation.

The candidate shall provide any other evidence required by Professional Board :

1. Proof of the applicant holding an appropriate qualification in a profession, in the country of origin (attach a copy of degree certificate certified by a Notary Public and (if applicable) a sworn translation thereof in English); **Certification by a Commissioner of Oaths is NOT accepted.**
2. Certified copy of identity document or passport.;
3. A recent original Certificate of Status (Certificate of Good Standing), not older than 6 months, issued by the foreign Regulatory Authority. (IF APPLICABLE).
4. A letter of endorsement in support of the application for registration issued by the Directorate: Workforce Management (DWM) of the National Department of Health (Form 176 DOH attached hereto for this purpose). *This application should be compiled and submitted directly to The Director, DWM, National Department of Health, Civitas Building, 222 Thabo Sehume St, Pretoria, 0001, South Africa, 012 395 800* Applicants who fail to secure the support of the DWM towards an application for registration or employment will not be eligible for registration.
5. In the case of South African citizens who qualified abroad the letter of endorsement in support of the application for registration issued by the Directorate: Workforce Management (DWM) of the National Department of Health is not required. Upon receipt of written confirmation by the Board of successful completion of the examination and that they are eligible to register with the Council such applicants are required to approach the Department of Health, for placement in community service posts as per the "Regulations relating to the registration of persons who hold qualifications not prescribed for registration" promulgated as Government Notice No. R. 101 on 6 February 2009.

Their contact details are as follows:

Website: www.doh.gov.za

Switchboard: 012 395 8000

Physical address: C/r Thabo Sehume & Struben
Civitas Building - Room S1001, Pretoria

Postal address: Private Bag X828, Pretoria, 0001

6. In addition to the above minimum requirements, applicants may further be required to submit a detailed curriculum (in English) of the applicant's course of study, specifying courses, content of education (theory) and training (practical/clinical), duration and mode of examination/evaluation.
7. In order to avoid delays in the processing of your application **all the documents, correctly certified** as per the requirements of the Board should be submitted preferably **in one batch**. All documentation required by the Board should be submitted in English. Only original translations of the required documents done by a sworn translator and duly sealed and notarised will be accepted. In addition to such English translations, legible copies of the original documents, certified and duly sealed by a Notary Public should be submitted.
8. A detailed curriculum vitae
9. Verification of credentials by the Educational Commission for Foreign Medical Graduates International Credentials Services, SAQA
10. Professional Board specific application form for registration, duly completed.
11. Proof of payment of prescribed examination fee

The cut-off date for applications for the April examination will be 1 September of the preceding year. The cut-off date for applications for the October examination will be 1 February of the same year.

12. RESPONSIBILITY OF THE PROFESSIONAL BOARD

In terms of section 15B (b) of the Health Professions Act, (Act No. 56 of 1974), a Professional Board may:

1. Determine and propose examination fees for approval by Council
2. Determine the venues, dates and times of the examination.
3. Compile examination papers and marking memorandum.
4. Appoint invigilators, examiners and moderators,
5. Conduct examinations and issue letters disclosing exam results.
6. Ensure that examiners abide by the policies on confidentiality and code of conduct for examiners
7. Provide exam guidelines and indicate the list of reading materials for the Board Examination.
8. Ensure that oral online exams are recorded for quality assurance and remarking purposes.

13. RESPONSIBILITIES OF THE CANDIDATE FOR THE EXAM

1. Arrive at the exam venue at least 30 minutes before the examination begins.
2. Prepare and participate in the examination processes in an honest manner displaying integrity at all times.
3. Adhere to the examination rules and regulations during exams
4. Submit request for change of examination venue to the HPCSA fourteen (14) days before the Examination date, in order to allow enough time to make necessary amendments.
5. Candidates must provide own transport to the venues.
6. If online exam, candidates are to provide their own gadgets/devices? and data

14. GUIDELINES FOR REGISTRATION OF FOREIGN QUALIFIED PRACTITIONERS

These guidelines are intended to assist an applicant who wishes to apply for registration with the Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy (OCP Board).

15. DETAILS OF THE EXAMINATION

1. Upon receipt of written confirmation by the Education Committee of the Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics that the applicant is eligible to sit the Board Examination, he/she must submit the following to the Board prior to the examination:
 - Examination application form duly completed.
 - A copy of the letter issued by the Education Committee of the Board confirming that the applicant is eligible to sit the examination.
 - The examination fees.
2. The examination for the Occupational Therapy (OT) Profession will be conducted in **April** and **October** and consists of the following:
 - a. Three hour written examination which shall provide for –
 - i. an assessment of knowledge of basic sciences, intervention strategies according to the models of occupational therapy and the role of the occupational therapist in the public health arena, applicable to clinical practice in South Africa.
 - ii. an assessment of the candidate's understanding of the ethics of the health professions and particularly the profession of occupational therapy, as practised in South Africa; and
 - b. A practical oral examination which will be based on the presentation of two case studies. Details for both these parts of the examination are reflected on page 21-23.

- c. After successful completion of examinations South African citizens who obtained a qualification in another country will be required to complete one year of community service.
- d. The Education Committee will appoint moderators and examiners for each examination.

16. REQUIRED PASS MARK

The candidate needs to obtain A sub-minimum of 50% in the theory and practical examination. For a practical examination the candidate should achieve a subminimum of 50% for psychiatry and physical case presentation.

17. VIEWING OF EXAMINATION RECORDINGS AND SCRIPTS

- 1. Candidates will be allowed to view their examination scripts and video recordings at the HPCSA's and/or designated venues, by appointment only.
- 2. Viewing of scripts will be conducted in accordance with the outsourced agency's Examination Policies, and/or under the supervision of the HPCSA personnel if viewing is done at the HPCSA offices.
- 3. Candidates will be allowed to view their scripts and/or video recordings during the first seven (7) working days following the date which the Board Examination Results were released.
- 4. Candidates will be allowed to view scripts and/or video recordings for the applicable examination period only.
- 5. Valid proof of identification would be required for candidates to be allowed to view their scripts and/or video recordings.
- 6. Examination scripts may only be viewed by the candidates who wrote the Board examination and no third parties will be allowed to view the scripts.
- 7. Candidates will not be allowed to remove the scripts and/or video recordings from the HPCSA's or designated premises.
- 8. Candidates who are dissatisfied with their mark after viewing of scripts and/or video recordings may apply for a re-mark. The examination scripts and the and/or video recordings would then be remarked once by different markers appointed by the board and the results thereof would be final.

18. REMARKING

- 1. Remarking shall be conducted only when the application for a re-mark has been received by the relevant Professional Board seven (7) working days following the date which the Board Examination Results were released.
- 2. A different examination panel will be asked to review the recording of the examination and or the theory paper and provide an assessment thereof with comments and recommendations regarding the outcome of the appeal.
- 3. The remark will cost 50% of the examination fee.
- 4. Re-marked scripts shall reflect the percentage attained after re-marking and whether the candidate has passed or failed.
- 5. The percentage of the second chance shall be considered as the final mark.

19. RE-EXAMINATIONS/EXAMINATION ATTEMPTS

Candidates who are unsuccessful in the examination may repeat the examination. If a candidate is unsuccessful and chooses to be re-examined, the candidate would have to submit new patient/ client information for the clinical exam and write a new written exam.

A candidate will have a maximum of two opportunities to pass each component of the examination within a period of three years.

20. LODGING OF GRIEVANCES

Candidates who have any grievances regarding the examination should submit their grievances in writing and attach supporting evidence to the relevant Professional Board seven (7) working days after date of the examination.

21. REGISTRATION

The Professional Board will issue a letter to applicants who have been successful in the examination. Successful applicants will qualify for registration in the category Community Service.

Registration will be affected upon submission of the letter issued by the Board, the documentation required according to the Regulations, an endorsement by the DWM of the Department of Health and the prescribed registration fee.

In addition to the registration fee, applicants are required to pay a **pro-rata annual fee**. No registration certificate will be issued without all requested documentation being submitted.

Address/Enquiries

Duly compiled applications or written enquiries may be sent or delivered to:

The Registrar
HPCSA
P O Box 205
PRETORIA
0001
SOUTH AFRICA

OR

553 Madiba Street
Arcadia
PRETORIA
Email:
matshidisomo@hpcsa.co.za

22. CATEGORIES FOR REGISTRATION

A practitioner who obtained his/her basic qualification outside South Africa will initially have to apply for registration in the category Public Service. After meeting further requirements as prescribed by the HPCSA and the Minister of Health the applicant may apply for registration in the category independent or private practice.

A. REGISTRATION IN THE CATEGORY PUBLIC SERVICE

1. Individual applicants apply for registration as outlined above in order to obtain registration in public service.
2. Practitioners registered in the Category Public Service shall practise under the auspices of an employing Public Health Authority.
3. Continuation of registration in this and other categories of registration is subject to the prescribed requirements of professional conduct and Continuing Professional Development.

B. REGISTRATION IN THE CATEGORY INDEPENDENT PRACTICE

1. Only applicants who have completed 12 months of community service and obtained permanent residence status and/or South African citizenship will be eligible for registration in the category Independent Practice.
2. In order to consider an application for registration in independent practice a written request as well as a letter of support pertaining to such registration, issued by the Directorate: Workforce Management of the National Department of Health, would have to be submitted to the Board.

C. REGISTRATION IN THE CATEGORY EDUCATION

1. Applications for such registration must first be submitted by the Head of the relevant Department and the Dean of a University/research institution. Such application should further be supported by the Directorate: Workforce Management of the National Department of Health.
2. Applications must be accompanied by –
 - a. proof of the applicant holding an appropriate qualification in occupational therapy in the country of origin (attach a copy of degree certificate certified by a Notary Public and (if applicable) a sworn translation thereof in English);
 - b. a recent original Certificate of Status (Certificate of Good Standing) issued by the foreign Registration Authority;
 - c. an undertaking regarding supervision to be provided by the University for the duration of such registration submitted by the Head of the relevant Department and the Dean of a University/research institution based on –
 - i. the institution's assessment of the applicant's *curriculum vitae*;
 - ii. an assessment of his/her abilities to practise successfully in South Africa as an educator/trainer/researcher;
 - iii. the applicant having complied with all the requirements of the institution for employment as an educator/trainer/researcher;
 - d. the application form for registration, duly completed;

- e. the prescribed registration fee.
3. Persons registered in the category Education are only permitted to practice in accordance with their appointment at the relevant educational institution for teaching, training or research purposes subject to appropriate supervision to be provided by the University. Such registration does not entitle such practitioner to practice in independent or private practice.
 4. Registration in this category, where an examination is not required for registration, would be limited to a maximum period of one year per application. Such registration could, however, be extended annually on the basis of a written request by the head of such institution and subject to approval thereof by the Board.

D. REGISTRATION IN THE CATEGORY VOLUNTEER SERVICE

1. An application for registration in the category volunteer service must be submitted by the relevant South African health care provider, approved by the Board. The application should further be supported by the Directorate: Workforce Management of the National Department of Health.
2. The application must be accompanied by –
 - a. proof of the relevant practitioner holding an appropriate qualification in occupational therapy in the country of origin (attach a copy of degree certificate certified by a Notary Public and a sworn translation thereof into English);
 - b. a recent original Certificate of Status (Certificate of Good Standing) issued by foreign Registration Authority;
 - c. a recommendation for registration by the South African health care provider based on –
 - i. the provider's assessment of the practitioner's *curriculum vitae*;
 - ii. an assessment of the practitioner's abilities to practise successfully in South Africa;
 - iii. the period for which the practitioner will require such registration (See 3 below);
 - iv. an undertaking by the South African health care provider to supervise the practitioner during the said period of registration;
 - d. an affidavit, issued by the South African health care provider confirming that the applicant would only be employed as a volunteer for the duration of such registration, that the applicant would not be remunerated for his or her services and that appropriate supervision would be provided for the duration of such registration.
 - e. The application for registration in the Category Volunteer Services, duly completed.
 - f. The prescribed registration fee.
3. Registration in the category Volunteer Services, where an examination is not required for registration, would be limited to a maximum period of one year per application. Such registration could, however, be extended annually on the basis of a written request by the head of such institution and subject to approval thereof by the Board.

E. REGISTRATION IN THE CATEGORY POST GRADUATE STUDY

- a. Applications for such registration should be submitted by the Dean of the Faculty of a South African university. This category is intended to build capacity and on completion of their study programme, these students are required to return to their country of origin. Registration in this category is limited to unpaid positions only. Such application should further be supported by the Directorate: Workforce Management of the National Department of Health.
- b. Applications must be accompanied by –
 - i. proof of the applicant holding at least a basic qualification in occupational therapy in the country of origin (attach a copy of degree certificate certified by a Notary Public and a sworn translation thereof in English);
 - ii. a letter submitted by the Dean of the Faculty of a South African university confirming that the applicant would be appointed in a supernumerary post as well as a recommendation for registration in the said category by the university specifying -
 - aa. the nature of the proposed study;
 - bb. the level of such study;
 - cc. the expected duration of the proposed study;
 - iii. a letter issued by the Department of Health confirming that all requirements and contractual arrangements had been complied with to permit the applicant to undergo the proposed post graduate study in South Africa and that the applicant had agreed in writing that he or she would not on completion of his or her education and training apply for registration in South Africa;
 - iv. a recent original Certificate of Status (Certificate of Good Standing) issued by the foreign Registration Authority;
 - v. the attached application form for registration, duly completed;
 - vi. the prescribed registration fee.
- c. This registration is limited to a specific university.
- d. The scope of the post graduate study is as specified, including clinical duties, while holding a supernumerary post for post graduate study.
- e. Education and training undertaken in a supernumerary post will not be recognised for registration of such practitioner in South Africa. In order to qualify for registration in South Africa, an applicant has to formally apply to the Board for registration.
- f. Registration in this category, where an examination is not required for registration, would be limited to a maximum period of one year per application. Such registration could, however, be extended annually on the basis of a written request by the head of such institution and subject to approval thereof by the Board.
- g. It should, however, be noted that successful completion of e.g. a Master's degree in South Africa will not entitle an applicant to registration in South Africa. Successful completion of the Board examination aligned with competencies towards a primary qualification will be the only route towards registration in public service and eventually independent practice in South Africa.

APPLICATION FOR REGISTRATION FOR OCCUPATIONAL THERAPY

Community Service		Education		Post Graduate Study		Volunteer Service		Supervised Practice		Independent Practice
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1. TO BE COMPLETED BY APPLICANT (Please Print)

Title:(Mr/Mrs/Miss):							
Surname:							
Maiden Name:							
First Names:							
Postal Address:							
Work Address:							
Tel (Work):				Tel (Home):			
Cell:				E-Mail:			
Date of Birth:				Birthplace:			
Nationality:							
Present employer							
Position/appointment held:							
*Marital	Single	Married	Divorced	Widowed	*Gender:	Male	Female

Status:							
*Race:	African	Asian	Coloured	White			
* - For statistical purposes only – Information required by the National Department of Health							

2. Qualifications

Name of Degree/Diploma	University/Educational Institution where qualification was obtained	From		To	
		Month	Year	Month	Year

3. Full Record of Practical Clinical Training (Completed concurrent with or after completion of professional education)

Areas (e.g. Paediatrics, Adults, including Geriatrics, etc.)	Type of Patients	Type of Setting	From		To		Hours
			Month	Year	Month	Year	
Total Hours							

4. Professional Experience (In chronological order)

Name of institution	Nature of appointment held	Full-time/part-time	From	To	Total period in months	Enclosed documentary evidence marked A, B, etc

5. DECLARATION BY APPLICANT APPLYING FOR REGISTRATION IN TERMS OF THE HEALTH

PROFESSIONS ACT, 1974

I, hereby declare under oath as follows:

- a. I am the person referred to in the accompanying certificate(s) of qualification(s) which I submit in support of my application to be registered as _____ in the Republic of South Africa.
- b. The said qualification(s) was/were granted to me after examination and is/are my own lawful property, and entitle me as far as professional qualifications are concerned, to practise in the country where qualification was obtained, namely _____.
- c. I have never been convicted in any country of any offence against the law or been debarred from practice by reason of misconduct and, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at present*.
- d. I further accept that my application may be delayed should I fail to submit all the required documentation.

Signature

SWORN before me at this
..... day
of 20.....

Signature:

Justice of the Peace or Commissioner of Oaths

Declaration to be completed preferably by a medical practitioner, dentist or other health practitioner

I, the undersigned**
of hereby declare under oath:
I personally know
whose signature appears above. To the best of my knowledge and belief, the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as _____.

SignatureProfession or calling

SWORN before me at this.....day of 20

Signature

Justice of the Peace or Commissioner of Oaths

District of

Declaration to be completed preferably by a medical practitioner, dentist or other health practitioner.

I, the undersigned**
of hereby declare under oath:
I personally know

whose signature appears above. To the best of my knowledge and belief the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as _____.

Signature

Profession or calling

SWORN before me at this.....day of 20.....

Signature:

Justice of the Peace or Commissioner of Oaths

of

If the applicant is unable to make the declaration above, the Council, in order to consider the application, will require full particulars of the reasons for his or her inability.

6. Any other relevant facts which the applicant wishes to bring to the attention of the Board:

.....
.....
.....
.....

FOR OFFICIAL USE ONLY		
Documents received	Yes	No
Copy of qualification certificates		
Sworn Translation in English		
Certificate of Status		
Passport or Identity Document		
Letter of endorsement – Directorate: Workforce Management		

COMMENT:

.....
.....
.....
.....

ATTESTATION BY EDUCATIONAL INSTITUTION REGARDING QUALIFICATION

(Please print or type)

INSTRUCTIONS

1. This section to be submitted directly to the University or Educational Institution for completion.
2. Once completed this form must be returned by the University directly to: The Registrar, Professional Board for Occupational Therapy, Medical Orthotics/Prosthetics and Arts Therapy, HPCSA, P O Box 205, Pretoria, 0001, Republic of South Africa.
3. If the institution should have any reservations about the applicant's professional competence, professional conduct or moral character, please explain in a letter addressed to the Registrar at the same address.

-
- a. Name of applicant:
(Title, Initials and Surname)
 - b. Type of Qualification e.g., BSc (OT)
 - c. Date qualification obtained:
 - d. Educational Institution information

Name:

Address:

.....

.....

.....

Phone Number: (Country and dialling code).....

Fax No.

E-mail address.

- e. Applicant Information

- A concise official copy of the syllabus of training.
- An official transcript of the results obtained by the applicant in each examination.


f. Is this Educational Institution accredited/approved by the World Federation of Occupational Therapists/ International Association Orthotics and Prosthetics/ Another international organization (provide detail) Yes / No

Signed:.....

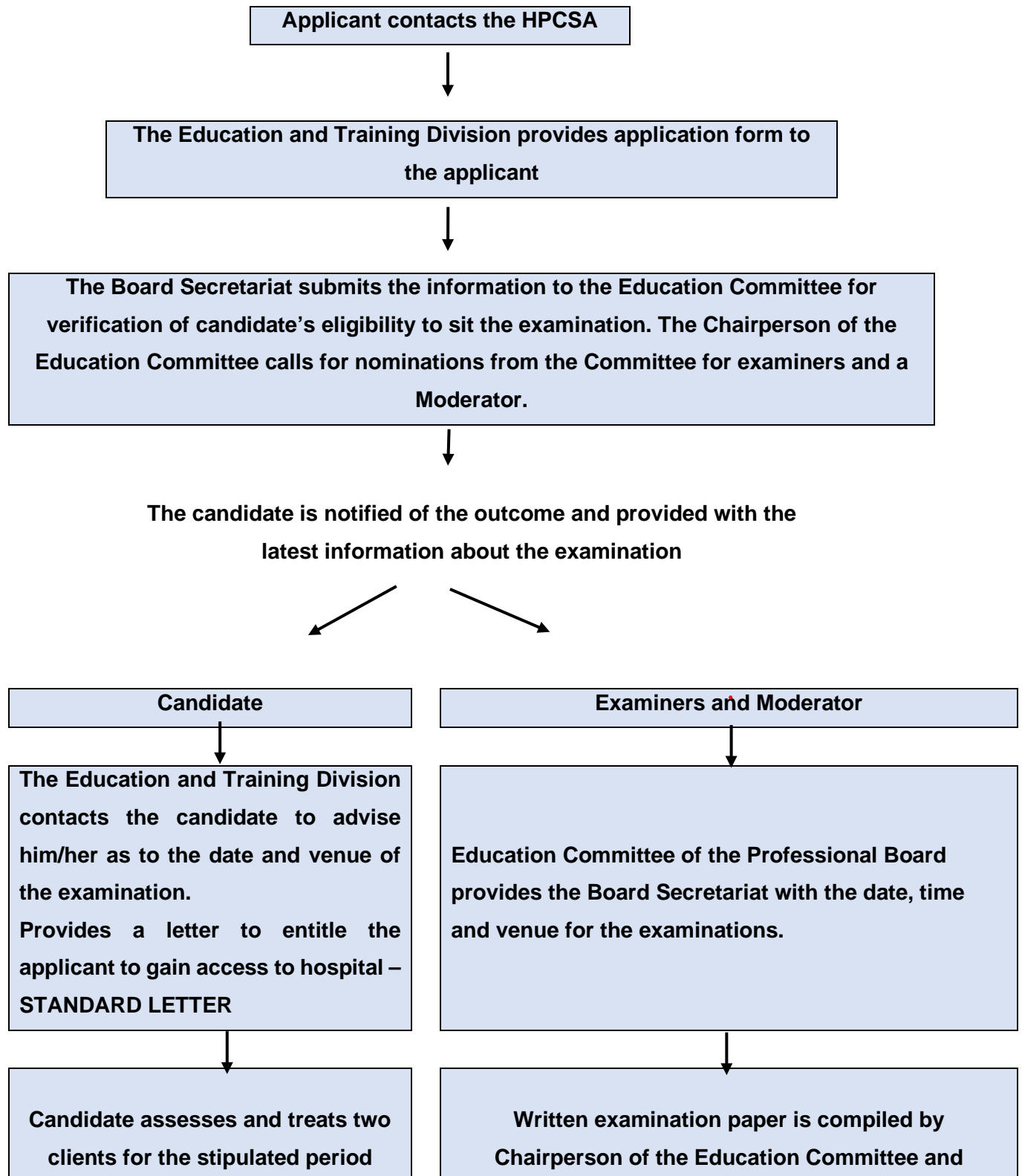
Name: Please print

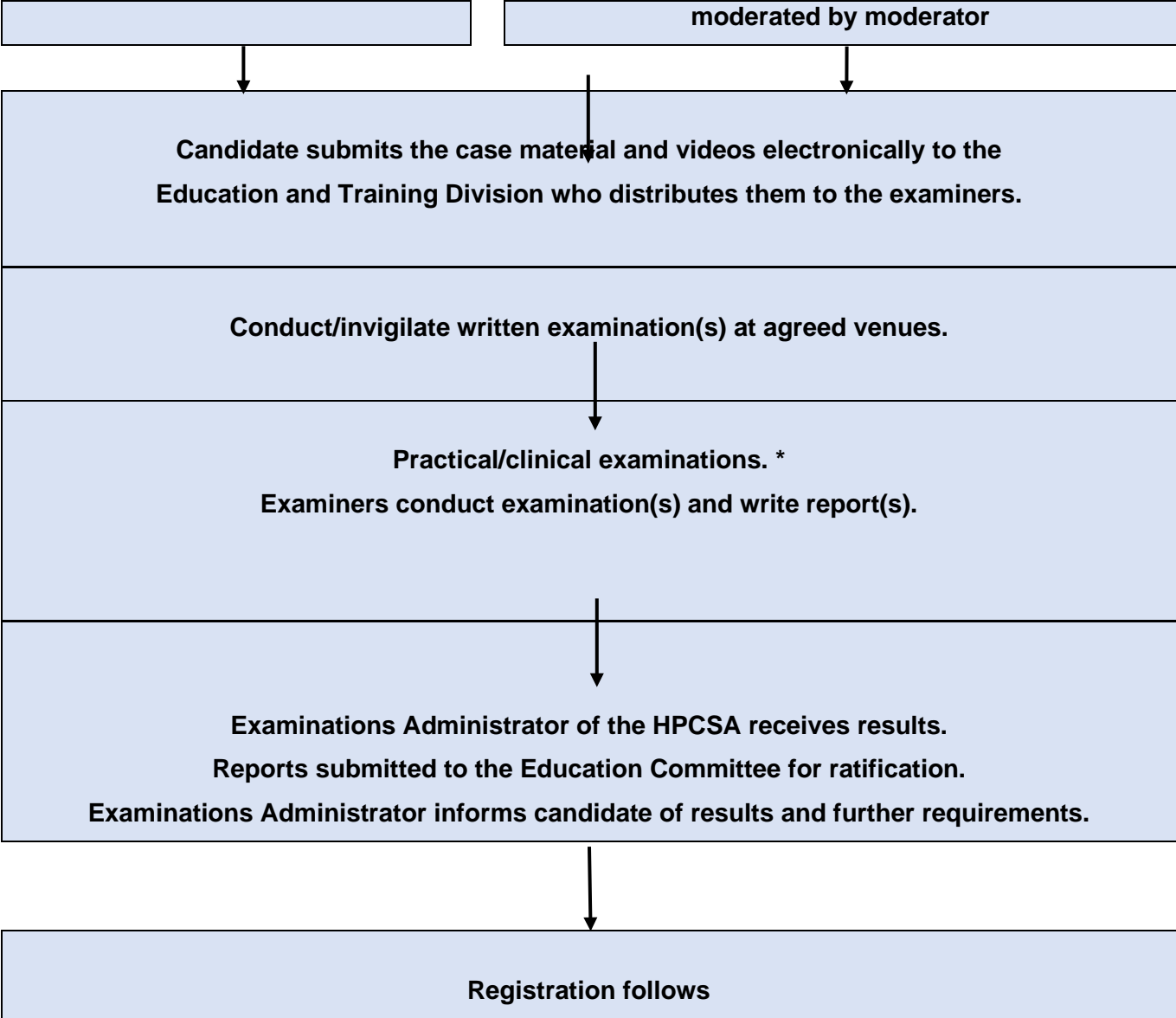
Designation:.....

Official date stamp of Institution



APPLICATION AND EXAMINATION PROCESS FLOW CHART





REQUIREMENTS TO BE MET BY THE CANDIDATE PRIOR TO THE WRITTEN AND PRACTICAL/ORAL EXAMINATION

Candidates are required to meet the following requirements prior to the examination:

1. The candidate will write one 3-hour examination which will contain one question orientated to the physical field of practice (25 marks) and one orientated to the psychiatric field of practice (25 marks). In the third question 25 marks will be divided between ethics, management and health policy. The total marks of the paper will be 75. Questions will be orientated to the South African situation. A minimum of 50% constitutes a pass. **This is not an open book examination.**
2. Select and treat 2 cases for a minimum of 6 sessions, at the place selected for the clinical work. One case must be in the physical field of practice and one in the psychiatric field. The clients should represent different age groups.
3. The cases should demonstrate comprehensive planning of treatment and illustrate a variety of techniques, activities and methods of treatment as well a planning for the future.
4. A written report according to the Case Report Outline below, of each case, must be submitted electronically to the Examination Administrator at least 10 days before the examination.
5. A 15-minute video clip of one treatment session for each case must be made and submitted electronically to the Board Manager with the report, 10 days before the examination. The most important part of the treatment session should be presented by the candidate at the oral examination. This video clip should be in English, and it is essential that it has good sound and a clear image. Both therapist and patient should be visible during treatment. Self-recorded visual material (video) is sufficient, provided that it meets the above criteria, and it is possible for the examiners to see the way in which the client is handled both physically and psychologically. The candidate should remember that this is in lieu of a live demonstration. Should the video clip be found to be unsatisfactory for examination purposes the examination will be unable to proceed.
6. The candidate submits a case presentation PowerPoint, case study and video for psych and physical. The video needs to be in a standard format. Examiners and moderators need to receive these items five (5) days prior to the oral exam. The examiners will review the material submitted to be orientated to the candidate's work prior to the practical exam.
7. Please note that written consent must be obtained from the patient/client to be recorded during treatment. The patient/client must be assured that the video clip will remain in the possession of the candidate after the examination. For this reason, it is necessary to obtain written consent. Confidentiality must be honoured.
8. Candidates need to have their video on for the exam and need to share the video of the intervention session during the exam.

9. There is an online briefing for candidates prior to starting preparation for the exam. Candidates need to be informed that despite the separation of physical and psychiatric cases, holistic intervention is expected.
10. The results of the Examination will be submitted by the examiners in a report to the Examinations Administrator who will then submit the results to the Education Committee for ratification.
11. Once approved by the Executive Committee the Examinations Administrator will notify the applicant and provide further information for registration.

CASE REPORT OUTLINE OCCUPATIONAL THERAPY

Please note that candidates are required to present a detailed Case Report which must contain the following information:

1. Background Information on the Patient/Client

Name (for purposes of confidentiality the real name of the patient should not be revealed), age, gender, occupation, social and family circumstances and place of work (if applicable).

2. Medical History

Details of past and present medical history. Diagnosis and medication, including side-effects of medication. Details of the present treatment regime (if available) e.g. occupational therapy and physiotherapy.

3. Social and Work History

- Details of current work and work environment as well as past work history.
- Details of home environment and family and support structures.

4. Assessment

- Details of all assessments carried out by the candidate. These should be comprehensive and relevant to the particular stage of treatment. Relevant assessment forms should be included. Standardised assessments should be referenced.
- List of the current problems and strengths experienced by the patient/client.
- List of all aims of treatment and desired outcomes to be met during the treatment period in order of importance.

5. Treatment Plan (Planning for the future)

- The Model of Occupational Therapy selected as the basis of the plan should be given, the reasons for selection and how it will influence the treatment.
- Description of the activities, techniques, principles and structuring used to implement the plan for 6 sessions.

Note: "Activities is used in the widest sense of the word and includes activities of daily living, community visits and interaction, splints, psychosocial group work or any tool used by the occupational therapist in the treatment of the patient /client.

6. Record of past intervention leading up to examination

A record of each treatment must be provided and should include the following:

- The aims of treatment and desired outcomes
- The way in which the principles of treatment were implemented
- The structuring and process of the chosen activity/occupation
- The reaction of the patient/client to the treatment process

- The type of interpersonal relationship and handling principles used
- The reaction of the patient/client to the treatment
- The treatment outcomes
- Plans for the grading of the program
- Plans for aftercare and follow-up

Professional terminology must be used throughout, and references given at the end of the report.

FORMAT OF EXAMINATION FOR OCCUPATIONAL THERAPY

A. PRACTICE CONTEXT CASE (PRESENTATION) (15 mins)

Candidate outlines critical MACRO context / BACKGROUND information about the area in which the video was made and names the MESA/MICRO dimensions of the videoed session. In other words, the intervention is framed in terms of significant background information (incl. assessment methods and findings) about participant(s).

The session is situated within an overall intervention programme that provides a clear idea of the long-term envisaged outcome as well as clearly formulated short-term goals. The session is then introduced to include aim(s)/objective(s), principles and rationale for action/intervention.

Candidate uses the opportunity to JUSTIFY what he/she was thinking during PLANNING for the session.

[This section will be assessed using the *Naming, Framing and Presenting* sections of the marking guide.]

B. QUESTIONS (5 mins)

C. EXPLANATION OF CLIP (3 mins)

An explanation of the process just prior or leading up to the clip. Candidate gives reasons for choice of clip and a synopsis of the CRITICAL issues demonstrated/ addressed in video clip ie. what examiners must specifically look out for. Alert them to key points of the interaction or the situation that you wish them to specifically notice in order to best demonstrate your clinical competence and/or clinical reasoning. Identify aspects of your planning log being operationalized or revised-in-action.

D. WATCH VIDEO CLIP (10 mins)

[This section will be assessed using the *Acting* section of the marking guide.]

E. EVALUATION (10 mins)

Candidate evaluates the clip, the session as a whole and the overall intervention programme/ service offered by the candidate to the individual/group. Recommendations and future plans for the client/group are included.

[This section will be assessed using the *Evaluating* section of the marking guide.]

F. QUESTIONS (10 mins)

[This section will be assessed using the *Response To Questions* section of the marking guide.]

G. MARKING (10 mins)

TOTAL TIME: 63 MINUTES

[Acknowledgement: The practical examination was modelled on the practical examination developed and used the by University of Cape Town’s Occupational Therapy Division]

EXAMINER REPORTING GUIDELINES AND MARKING RUBRICS

**EXAMINERS AND MODERATORS REPORT
OCCUPATIONAL THERAPY EXAMINATIONS**

Name of examiner 1:	
Name of examiner 2:	
Name of moderator:	
Name of candidate:	
Date of oral examination:	
Venue for oral examination:	
Note any conflicts of interest	
Note any technical or other issues that potentially impacted on the examination	

Principles of Examination:

- Virtual examinations allow for interaction between the examiners and the candidate. When probing candidate examiners should be brief and: (1) redirect a candidate who has misunderstood the questions; and (2) assist a candidate who has provided an answer that is lacking in detail. If a candidate provides a satisfactory response to a question, then the examiners should move on to the next question.
- This is a high-stakes assessment that is likely to cause many candidates a great deal of anxiety, especially given language and power differences between the examiners and the candidates. Some candidates would have had many opportunities to undergo oral / virtual examinations while others have not. Additionally, Examiners are to be mindful of the varying frames of reference a candidate may present as a result of the specific accredited model of training received internationally. This may differ from the examiners own model and frame of reference.

- It is the responsibility of the examiners to try to put candidates at ease and to avoid interrogating candidates. The process of the examination should be conversational.
- Please ensure that all comments offer detailed rigorous feedback adhering to the same academic requirements requested of the candidate throughout the examination process.
- Where appropriate please make concrete suggestions for improvement and further references.
- A soft copy of the marking rubrics will be provided for your convenience.

MARKING RUBRICS

HPCSA PRACTICAL EXAMINATION

**[BASED ON UNIVERSITY OF CAPE TOWN: DIVISION OF OCCUPATIONAL THERAPY
FORMAT]**

**EVALUATION GUIDELINE FOR CASE REPORT AND VIDEO PRESENTATION
PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND
PROSTHETICS, AND ARTS THERAPY**

OCCUPATIONAL THERAPY PRACTICE DEMONSTRATION REPORT (2023)

CANDIDATE'S NAME:		DATE:
PRACTICE LEARNING SITE:		DEM. MARK:
Examiner:	SIGN	HPCSA No.:
DESCRIPTION OF THIS DEM SESSION:		
ADDITIONAL EXAMINER COMMENTS:		

Grade

EMPTY (E)	WEAK (W)	BASIC COMPETEN CE (BC)	COMPETENT (C)	STRONG (S)	EXCELLENT (EX)	BRILLIANT (B)
0-47%	47-49%	50-59%	60-69%	70-74%	75-84%	85-100%

NAMING: clarifying the focus of the demonstration	Mark 20				Mark			
	E	W	BC	C	S	EX		B
Selects & summarizes relevant background information of participant(s)								
Presents assessment methods and findings (assets and problems) in a comprehensive manner								
Identifies appropriate aim (s) and objectives for THIS session								
Addresses relevant contextual factors and resources impacting on session & program within which session fits								
FRAMING: theorising the intervention	Mar							
	k 20	E	W	BC	C	S	EX	
Has knowledge of the health condition(s) & its occupational implications for participant(s)								
Draws relevant principles from theoretical frameworks and models and can show application to THIS session								
Occupation/ technique matched to needs of client and can provide a rationale for choice of intervention (incl. activity analysis)								
Plan of action (handling, structure of session, presentation of activity etc) matches needs of person(s) in session								
EXAMINER COMMENTS ON NAMING & FRAMING (Examiner to tick off and comment if relevant)								
Context								

- General information of client or group members
- Context of site and session
- Referral
- Social and physical (where applicable) environment (current and preadmission)
- Role of the OT
- MDT and other support staff

Comments:

Assessment

- Assessment methods (and procedure)
- Health History/timeline (if applicable, including readmissions)
- Current health condition knowledge and implications for occupational engagement
- Use of psychiatric terminology throughout presentation
- Occupational history discussed
- Occupation and component findings (application **to model** should be evident)
- Problems and assets as applied to DSM IV R specifically (with priorities identified)
- Frame of reference /model/rationales presented
- Other relevant theories including group theory where applicable

Comments:

Intervention planning:

- Aims
- Overall intervention planning (Long term aim, main aim, sub aims, etc)
- Specific to THIS session
- SMART principles applied
- Grading
- Precautions

Plan of action for this session with planning log:

- Handling
- Structure
- Presentation of activity

- Recommendations

Comments:

ACTING: implementing the OT plan	Mark 30						
	E	W	BC	C	S	EX	B
Prepares venue, people, materials etc for session							
Engages client(s) / use of self as a therapeutic tool							
Professional interactions with co- facilitator/other staff in session							
Applies principles, strategies, change modalities, techniques							

Responds to emerging needs. (i.e picks up on cues /revises in action)							
Adapts / grades/modifies in action							
Takes necessary precautions							
Terminates appropriately							

EXAMINER COMMENTS ON ACTING (Examiner to tick off and comment if relevant)

- Prepares venue, structuring, materials and equipment:
- Therapeutic use of self /IPR with client/group
- Application of activity analysis and chosen theory/Activity selection and implementation links to needs of the client/group:
- Therapeutic value of the session is evident and session displays link to identified methods/techniques/modalities:
- Clinical reasoning evident within session
- Adaptation and grading within session:
- Precautions
- Termination

Questions/Comments

EVALUATING SESSION & RESPONDING TO QUESTIONS	Mark 25							
	E	W	BC	C	S	EX	B	
Recognizes & interprets critical incidents in naming, framing and acting								
Modifications in hindsight								
Recommends appropriate focus & steps to take for next session (including future plans for participant(s))								
Identifies & reflects on personal strengths (professional & therapeutic use of self) and growth areas (development needs)								
Conceptualizes (at level/stage of training) and responds to the core components of questions Uses range of professional/clinical reasoning skills when answering questions								
EXAMINER COMMENTS ON EVALUATION & RESPONDING TO QUESTIONS (Examiner to tick off and comment if relevant) <ul style="list-style-type: none"> <input type="checkbox"/> Identifies and evaluates critical steps <input type="checkbox"/> Evaluates achievement of aim <input type="checkbox"/> Comments on structure <input type="checkbox"/> Comments of theory application (in terms of model, FOR, GPP) <input type="checkbox"/> Comments on therapeutic use of self <input type="checkbox"/> Comments on grading and adaptation <input type="checkbox"/> Precautions <input type="checkbox"/> Describes observations made using appropriate psychiatric terminology (e.g MSE) <input type="checkbox"/> Identifies planning for future (next session and needs of client/group) <input type="checkbox"/> Critiques areas of development needed <input type="checkbox"/> Answers questions with consideration of theory <input type="checkbox"/> Is comfortable with questioning process and able to engage with the examiners <p><u>Comments :</u></p>								

PRESENTING:	Mark 5							
	E	W	BC	C	S	EX	B	
Style of presentation: professionalism & confidence. Use of time								
Use of visual aids and illustrative material								
EXAMINER COMMENTS ON STUDENT'S PRESENTATION SKILLS								

2. Theoretical examination

WRITTEN THEORY PAPER		
Mark	Comment	Outcome

23. General Comments by the examiner

Criteria	Comment
Comment on the candidate's overall knowledge of their occupational therapy practice in line with HPCSA minimum standards of training.	
Comment on the candidate's understanding of the theoretical foundations occupational therapy practice in line with HPCSA minimum standards of training.	
Comment on the candidate's knowledge of occupational therapy within the South African context.	
Comment on the candidate's knowledge of ethical regulations and practices within the arts therapies.	

24. Comment by the Moderator

What is your view on the fairness of the marking of the examination questions and the result that the candidate obtained?	
---	--

PERMISSION TO VIDEO RECORD SESSION FOR EXAMINATION PURPOSES

CLIENT CONSENT FORM

I,,
hereby give my permission for the Session in Occupational / Art / Drama / Music / Dance
Movement Therapy (Please circle as appropriate)

with (Name of
Candidate)
to be recorded.

I understand that this recording will be used only for purposes of the registration examinations. I
also understand that all efforts to protect my privacy, anonymity and confidentiality, as well as that
of my family, will be adhered to, in line with standard clinical practice.

I understand that I can request to view this recording, and that this recording will be destroyed
after the examination.

Signature:

Initials and Surname:

Examination Candidate:

For the Institution:

For the HPCSA:

Date: 202



553 Madiba Street
Arcadia, Pretoria
PO Box 205
0001 PRETORIA
Tel: +27 (12) 338 9362
Fax: +27 (12) 338 9362
Email: matshidisomo@hpcsa.co.za
Website: www.hpcsa.co.za

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

Department: PROFESSIONAL BOARDS
Reference:

Date:

Dear Madam

REQUEST FOR ASSISTANCE FOR PREPARATIONS WITH CLINICAL EXAMINATION FOR FOREIGN QUALIFIED PRACTITIONERS

The Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy requires all foreign qualified practitioners to pass an examination conducted by examiners appointed by the Professional Board before they may register with the Health Professions Council of South Africa and practice their profession in South Africa.

The examination has a written and a practical component. The practical component requires that the candidate presents 2 case studies of patients/clients (of any age group) and demonstrate treatment sessions that she/he had with the specific patients/clients by visual recording. One patient/client must be from the physical field and the other from the psychiatric field of occupational therapy. It may not be possible for the candidate to obtain both patients/clients in your clinical area.

The Professional Board requests your permission that _____ **(Name)** may treat a patient/client for a period of not more than 3 months prior to the scheduled examination. Informed consent will have to be obtained from the patient/client for his/her participation in treatment and one treatment session may be recorded. The candidate must obtain written informed consent from the patient.

The recording of the treatment session will be in safe keeping by the examiners who managed the examination until the results of the examination have been finalized and will then be destroyed.

Your favourable consideration of this request will be appreciated.

Yours sincerely

ADMINISTRATOR

GUIDELINES FOR VIRTUAL EXAMINATIONS

The criteria, guidelines, protocols and process would be determined by the Examinations Committee.

1. THE EXAMINATION PANEL

At least one panel should be appointed for each category. Ideally, the panel should include the existing examiner, and Board members registered in the same category. A panel should include at least three people i.e., 2 examiners and 1 moderator.

It is important that there is a shared understanding of the process and the criteria. The Education and Training Division is responsible for ensuring that the examinations follow the schedule and that the process complies with all the other requirements.

2. RESPONSIBILITIES OF THE EXAMINERS

The examiners should meet beforehand to refine the process as detailed in form 176 Annexure A to I.

The examiners roles are:

- To compile the theory examination
- To mark the theory and oral examination.
- Endeavour to redirect a candidate who has misunderstood the questions.
- To complete the rubric in the required time frame.

This is a high-stakes assessment that is likely to cause many candidates a great deal of anxiety, especially given language and power differences between the examiners and the candidates. Some candidates would have had many opportunities to undergo oral / virtual examinations while others have not. It is the responsibility of the examiners to try to put candidates at ease and to avoid interrogating candidates. The process of the examination should be conversational.

3. RESPONSIBILITIES OF THE MODERATOR

The moderator should review the process as detailed in form 176 Annexure A to I.

Moderation is the process whereby the moderation process is checked and judged on the basis of the following aspects:

- Consistency and rigour;
- Compliance with Professional Board's examination policy,
- Processes and criteria; and
- Compliance with the assessment criteria.

The moderators' roles are:

- To introduce the candidate and examiners
- To outline the frame of the examination
- To review the theory paper
- To assess the fairness and consistency of the examiners marking rubrics

- To adjust the outcome depending on the fairness and consistency of the examiners marking.
- Moderator to give an average of marks for the practical exam. If there is more than 10% difference in the examiner's marks then the moderator will lead a discussion to understand the reasoning behind the allocation of the examiners marks prior to deciding on a final mark.
- Moderator needs to have the contact number of people she/he can contact if there are problems with the exam and teams.
- The moderator includes the average mark in the moderator's report
- Examiners and moderators need to have a short meeting before the exam to ensure technical aspects are working and to ensure consensus on how the exam is running.

4. STRUCTURE OF THE EXAMINATION

The virtual examination should follow a consistent structure and the assessment of the candidates' performance should be based on clear criteria. Structure is concerned with how far the assessment follows a predetermined set of questions or sequence of events. Candidates need a predictable structure to allow them to plan for the assessment and to reduce unnecessary anxiety, while a high degree of structure can also increase the reliability of the assessment.

The examination of the Professional Board will be conducted in **April** and **October**.

All examinations must be recorded.

MODERATOR'S REPORT

Name of candidate:

Date of examination:

WRITTEN EXAMINATION

Comments	Examiner 1	Examiner 2	Moderator
<u>Question 1</u>			
<u>Question 2</u>			
<u>Question 3</u>			
<u>TOTAL</u>			

<u>%</u>			
----------	--	--	--

CASE PRESENTATIONS

	Mental Health Case	%	Physical Case	%
Naming				
Framing				
Acting				
Evaluating				
Questions				
Presentation				
	Mental health total		Physical Total	
	Total Case Presentations:			
	Moderators Mark:			

Written paper	
Case presentation	
Final Mark:	

Overall Comments About Examination:

Outcome:

Moderator's Signature

Print Name and Surname

Date:



DISABILITY ASSESSMENT QUESTIONNAIRE

APPLICATION FOR EXAMINATION CONCESSION

Please complete in detail, in legible handwriting with certification and verification by a registered healthcare professional. This form should accompany your application to write the Board examination if you have indicated that you have a disability. All information contained in this form will remain with the Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy and will remain confidential.

A. PERSONAL DETAILS OF REGISTERED PRACTITIONER

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: Gender..... Race:

.....

Country of Origin:Registration
Number.....

I,registration
Number.....hereby

declare that the information stipulated in this document is true and confirmed.

Signed
at.....dated.....of.....

B. PERSONAL PARTICULARS OF APPLICANT

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: Gender..... Race:
.....

Country of Origin:Registration Number.....

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

- A copy of identity document
- A copy of the medical report
- A copy of qualification

D. APPLICATIONS SUBMITTED BY THE PRACTITIONER/CANDIDATES

- The recommendation should be based on an appropriate medical examination or an occupational or psychological assessment and should justify the examination concession or concessions that are necessary to ensure that the examination is fair.
- Any recommendations by a medical practitioner, occupational therapist and/or psychologist submitted in support of an application for any of the examination concessions should not be older than 30 months from the date of application.
- In the cases where the impairment is permanent and substantially disabling, the Professional Board may accept a recommendation made more than 30 months prior to the application date.
- The decision to grant a concession lies with the Professional Board alone and not with the medical practitioner, occupational therapist and/or psychologist who has made the assessment and recommendations that are submitted in support of the application.
- The Professional Board reserves the right to accept, reject or amend the recommendations of the medical practitioner, occupational therapist and/or psychologist. If necessary, the Examinations Committee may consult any healthcare practitioner for guidance without disclosing the identity of the candidate.
- Previous concessions from other institutions do not in themselves guarantee automatic concessions for the Board Examinations. Prior concessions, however,

can be submitted in support of the application. Applicants are therefore advised to submit evidence of prior concessions along with other supporting documentation.

- Candidates who apply for any of the examination concessions should write to HPCSA secretariat and attach all supporting documentation. Applications are to be submitted to by email to: educationandtraining@hpcsa.co.za.
- To ensure that the necessary practical arrangements can be made in time, a request for one or more of the stipulated concessions should normally be made to the Professional Board three months prior to the candidate's intended Board Examination date.
- Granted concessions will apply for as long as the candidate is eligible to write the Board Examinations.

E. CONDITIONS TO BE CONSIDERED AS GROUNDS FOR GRANTING OF EXAMINATION CONCESSIONS

- Conditions where there is unlikely to be any substantial impairment of examination performance as a result of the condition or the side-effect of prescribed medication to treat the condition.
- Conditions that normally respond well to medication, such as epilepsy, attention deficit disorder, and attention deficit hyperactivity disorder, unless the examination concession is recommended by a medical practitioner based on a medical assessment that has determined that the prescribed medication is not providing the expected relief or remedy.
- Poor handwriting. However, if the candidate presents with a diagnosed physical or neurological disorder that negatively impacts on their handwriting, an application for extra time and/or a concession to use a laptop computer will be considered, provided that such application is accompanied by the written recommendation of an occupational therapist, neurologist, or other appropriate medical practitioner.

Washington Group	Category of Disability	Level of function
Sensory Disability	Blind	No function
	Partially- sighted	Functional vision with limitations that may be reduced using electronic or manual low-vision devices. (Vision cannot be fully corrected through the use of prescriptive lenses)
	Deaf (capital D)	Little or no hearing: generally, makes use of South African Sign Languages (SASL) and typically subscribes to Deaf Culture.
	Deaf (lower case d)	Little or no hearing, do not make use of Sign Language as a medium of communication makes use of various means such as speech, speech reading/cochlear implants or a combination of these. Aligns with impairment/disability and the hearing world.
	Hearing Impaired	None, little or some hearing: generally, makes use of appropriate hearing technology e.g. cochlear implants, Hearing Aids, and other assistive listening/living devices and typically uses verbal communication. Align themselves with impairment and the hearing world.

	Hard of Hearing	Persons with different degrees of hearing loss, who do not align with impairment and disability.
	Deaf- Blind	No functional vision and no hearing
Specific Learning / Developmental Disability	Neurodevelopmental Disabilities	Intellectual Disabilities, Communication Disabilities, Language and Speech Disability (e.g., stuttering), Autism Spectrum Disorder, Attention Deficit/Hyperactivity Disorder (ADHD), Specific Learning Disabilities.
Psychosocial / Psychiatric Disabilities	Psychosocial Disability	Such as depression, Schizophrenia
Physical Disability	Physical Disability	Loss of a limb or makes use of crutches, wheelchair User, Person with Cerebral Palsy
	Chronic illness	A long-standing medical condition /illness that affects daily functioning. Such as Chronic Heart Condition, Chronic Diabetes Cancer.
Any disability not mentioned above	Give details	Any disability not mentioned above
Physical Disability of a Temporary Nature	Temporary Disability: disability not longer than 6 months	Physical Disability of a Temporary Nature

TYPES OF ACCOMMODATION

A. ADDITIONAL TIME

The amount of additional time granted per category of impairment is as follows:

Impairment	Additional Time that may be made available
Physical Disability/Repetitive Strain Injury	5 to 10 minutes per hour to accommodate slower writing speed.
Chronic Pain	15 minutes per hour for standing and/or moving around.
Vision Impairment	Double time for practitioners/candidates who are blind, and time and a half for learners who have low vision.
Hearing Loss	20 minutes per hour for perusal/ formulating/ writing/ checking answers.
Any other disability not identified in the above list	May use the above-mentioned time allocation, not exceeding 20 minutes per hour.

- At the discretion of the Professional Board, practitioners/candidates with impairments and disabilities that prevents the completion of tasks/examinations within the standard time allocate, may be granted extra time. This barrier could be a slow handwriting speed or a processing difficulty, for example.
- Candidates/practitioners who have been granted additional time must be seated in a specific area of the examination venue according to the amount of extra time they have and where they will not be disrupted when the rest of the cohort exit an examination.
- The amount of extra time per hour that each practitioner/candidate has been granted should be indicated on a sticker affixed to the relevant desk.
- Practitioners/candidates given extra time must be informed as to their specific finish times and be given the appropriate time warnings as the end of the examination approaches.

- Practitioners/candidates who have been granted extra time need not make use of the full extra time, but they must remain in the exam room for the standard time set for the paper.
- The additional time must be provided in all papers that the practitioner/candidate would be writing.
- The practitioner/candidate is entitled to have a rest break, should it be required/requested, if the addition of the extra time makes the exam session longer than 3 hours.

B. USE OF A READER

- Readers shall be appointed by the Professional Board. It is advisable to use the same reader throughout the candidate's examinations
- A reader is appointed to read, as directed by the practitioner/candidate, a) any part of the examination paper and b) any part of the practitioner/candidate's answers. Text may only be re-read at the request of the practitioner/candidate.
- The reader must be always neutral and impartial.
- Practitioners/candidates receiving the accommodation of a reader must work in room which meets the minimum requirements to be approved as an examination venue, (Disruptions such as noise, movement, etc.).
- The examination session is to be video recorded, and the recordings must be submitted with the examination papers.
- There must be a Board appointed invigilator in addition to the reader.
- The practitioner/candidate and the reader must each receive a copy of the question paper.
- A rest break not exceeding 10 minutes after three hours may be considered and a 5-minute rest break for every hour exceeding a two-hour paper.
- The following instructions should be read to the candidate at the beginning of each examination: "You must tell me what to read. I may not explain any word or question. When you have finished answering a question you must tell me what to read next. If you want me to read what you have written, you must tell me to do so."

C. USE OF A COMPUTER

- A computer is used if a practitioner/candidate has writing that is illegible, a very slow speed when writing by hand, or some other difficulty that makes handwriting not viable.
- Computers utilized for examination purposes must be correctly disabled for the duration of the entire examination's session.
- Standard formatting is permissible, but the computer may not contain any stored information.
- Predictive text software, Grammar Check, Spell Check, a thesaurus and a dictionary must also be disabled.
- Practitioners/candidates may use an answer booklet for rough work and to answer some questions that are not well-suited to typed responses.
- An invigilator must be present in the computer room.
- The practitioner/candidate must type his/her examination number at the top of each page of typing.
- At the end of the examination the practitioner/candidate's work must be printed out and the learner must verify that it is his/her work. Access to a printer is therefore essential.
- If a computer is a viable option, it could be used instead of a scribe.
- This would expand the number of learners who can write in one room. In addition, the use of a computer promotes learner independence.
- The evaluation for determining granting of the accommodation of the use of a computer must consider issues such as writing versus typing speed.
- In case of power cuts, a scribe must be used.

D. USE OF A SCRIBE

A practitioner/candidate may be granted the use of a scribe, appointed by the professional Board if his/her writing speed is very slow, if the writing is illegible or if the use of a computer is not an option.

- A scribe shall be appointed to write the candidate's answers to questions verbatim.

- The writing must be legible, and the spelling correct. The scribe may only communicate with the candidate to request that an answer be repeated.
- It is advisable to use the same scribe throughout the candidate's examinations. It is advisable to use the same scribe throughout the candidate's examinations.
- A scribe may only scribe for one candidate at a time.
- Each practitioner/candidate receiving the accommodation of a scribe must work in a separate venue.
- The use of a separate venue requires a continuous recording to be made of each examination.
- These recordings must be submitted with the examination papers.
- There must be an invigilator in addition to the scribe.
- The practitioner/candidate and the scribe must each receive a copy of the question paper. The practitioner/candidate may be allowed to plan answers prior to dictation and the planning may be scribed. The examination booklet must be submitted at the end of the examination. Work that should not be marked must be clearly indicated.
- It is preferable that the practitioner/candidate should draw and label any diagrams required. If the impairment or disability makes this not feasible, then the scribe should perform exactly as directed by the learner.
- Practitioners/candidates who make use of a scribe may also apply for additional time.
- The following instructions should be read to the candidate at the beginning of each examination: "When you are ready you must tell me what to write. You must indicate capital letters, punctuation, and the beginning of new paragraphs. I will write down exactly what you dictate to me. You may read over what I have written and request that I make changes, if you so wish, and if there is time to do so."

E. BREAK CONCESSION

- A rest break not exceeding 20 minutes after two hours may be considered and a 10-minute rest break for every hour exceeding a two-hour paper.

F. SEPARATE VENUE

- A separate venue is a quiet environment away from the main examination centre and must meet the minimum requirements to be approved as an examination venue. It must have its own invigilator.
- The use of a separate venue is to prevent possible disturbance of others by the learner concerned.
- If the use of the separate venue will involve talking (such as for to a scribe or reader) only one practitioner/candidate may be in each separate venue.
- If a separate venue is needed for the use of computers, or for learners with anxiety disorders, then 3 or 4 candidates may be in one venue.

G. DIGITAL RECORDER, VIDEO RECORDER, WEB-CAM

- A recording of the entire examination proceedings must be made whenever a separate venue is utilized. This recording must be submitted with the examination script.
- The recording device must be tested prior to its use in each examination.
- The examination proceedings must be recorded by the invigilator on a digital recording device.

H. LARGE PRINT MATERIAL

- Enlarged examination papers must be provided for candidates with visual impairments.
- The specific font size required will be determined by the nature of the visual impairment. Such papers can be provided in hard copy or in electronic format.
- The optician/ophthalmologist should recommend the specific font or screen interface that each individual learner requires.
- Practitioner/candidate with visual impairment receive additional time as stipulated in the table above.
- Learners with visual impairment may also be eligible to receive any of the other accommodations, e.g., use of a reader, scribe.

I. ANY OTHER ACCOMMODATION

- As deemed suitable by the Professional Boards

CONDITIONS NOT TO BE CONSIDERED AS GROUNDS FOR GRANTING OF EXAMINATION CONCESSIONS

1. Conditions where there is unlikely to be any substantial impairment of examination performance because of the condition or the side-effect of prescribed medication to treat the condition.
2. Conditions that normally respond well to medication, such as epilepsy, attention deficit disorder, and attention deficit hyperactivity disorder, unless the examination concession is recommended by a medical practitioner on the basis of a medical assessment that has determined that the prescribed medication is not providing the expected relief or remedy.
3. Poor handwriting. However, if the candidate presents with a diagnosed physical or neurological disorder that negatively impacts on their handwriting, an application for extra time and/or a concession to use a laptop computer will be considered, provided that such application is accompanied by the written recommendation of an occupational therapist, neurologist, or other appropriate medical practitioner.

REFERENCES

- Strategic Policy Framework on disability for the post-School education and training system, March 2018, Department of Higher Education.
- Promotion of Equality and Prevention of Unfair Discrimination Act, Act 4 of 2000, Section 29(2)(8)
- White Paper on the Rights of Persons with Disabilities
- White Paper on an Integrated National Disability Strategy.
- Education White Paper 3: A Programme for transformation of higher education (1997), Department of Education.
- Quality Education for All, Report of the National Commission on Special Needs in Education and Training (1998), Department of Education.
- National Plan for Higher Education (2001), Department of Education.
- Education White Paper 6: Special Needs Education (2001), Department of Education.
- Draft framework and guidelines to accommodate students with disabilities in Technical and Vocational Education and Training Colleges
- Draft procedural manual for the assessment of learners who experience barriers to assessment from Grade R To 12.
- University of Pretoria Policy on Examinations and related matters

FRAUD DISHONESTY AND OTHER MISCONDUCT

If it shall appear to the Board that there is credible evidence which would establish that the candidate has:

1. Either by omission or commission falsified the application or proof required for admission to the Board Examination or misrepresented the applicant's eligibility to sit for the Board Examination;
2. Either by omission or commission falsified documentation submitted in support of a special request or served such documentation under false pretences;
3. Brought unauthorised items or materials into the Examination room or otherwise violated the Board's Examination security policy;
4. Opened a question paper or reviewed the questions prior to the announcement that the examination has begun, or otherwise violated any of the oral or written instructions given by the invigilators in connection with the administration of the Board Examination;
5. Possessed in any manner, reviewed and/ or utilised any authorised notes, books, recordings, electronically retrievable data or other unauthorised materials during the Board Examinations;
6. Written or designated any answers to questions on the Board Examination prior to the announcement of the beginning of the examination session or written any answers or other information on the answer sheet after the announcement of conclusion of the session;
7. Sought copied or used answers or information from or given answers or information to other candidate during the Board Examination;
8. Removed any examination materials or notes made during the examination from the examination room;
9. Memorised questions for the purpose of reporting and or reported the substance of questions to any person associated with any person or organization engaged in the preparation of the applicants to take the Board Examination or otherwise violated the upright protection to the Board Examination materials;
10. Engaged in fraud, dishonesty in connection with the administration of the Board Examination;
11. Sat for the Board Examination without having a Bona Fide intention to seek registration to practice in South Africa; or
12. Compromised or disrupted the process for admission to or administration of the Board Examination;

13. The Board shall serve written charges to such candidates by mail at the last address provided to the Board by the candidate, stating with particularity the facts upon which such charges are based.
 - a. The candidates' results shall be withheld pending at determination of the severity of the charges by the Board.
 - b. The candidates shall within a period of 30 days after service of the charges be granted an opportunity to respond to such charges. Such a response shall identify the specific charges disputed by the candidate, who shall set forth any evidence which can be adduced by the candidate in the contradiction of such charges. The applicant may include in such written response a request that a hearing be held.
 - c. In the event of the candidate not submitting a written response, the Board shall deem the facts presented in the written charges to be true.
 - d. In the event of the candidate not requesting a hearing and the Board does not on its own accord determine to conduct a hearing, the Board shall decide based on the evidence submitted.
 - e. The Board shall have the authority to determine a sanction to be applied based on the severity of the allegations/ offences and inform the candidate accordingly.
 - f. Sanctions to be applied by the Board may include but not limited to:
 - i. Nullification of the Examination taken by the candidate
 - ii. Disqualification of the candidate from sitting for another examination for a period not exceeding five years from the date of such determination.
 - iii. Invalidation or striking of one or more answers of the examination taken by the candidate, or reduction of the candidates final score by one or more points.
 - iv. The Board shall notify the candidate of its decision in writing within a period of 30 days from the date of the hearing of the charges.
 - v. The candidate shall be entitled to representation by an Attorney at his or he own expense at every stage of the proceedings.