

Full Name:

ANNEXURE B

PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS

COMPETENCY LOG-SHEET FOR GRADUATES/PRACTITIONERS REGISTERED UNDER SUPERVISED PRACTICE

HPCSA Registration Number:			Category:	Category:						
Facility/ Pra	ctice Name: _									
Date	File No.	Male/Female	Age	Chief Complaint & Diagnosis	Management Strategy	Other Info/ Comment	Related Competency	Supervisor Name	Supervisor Signature	

Date	File No.	Male/Female	Age	Chief Complaint & Diagnosis	Management Strategy	Other Info/ Comment	Related Competency	Supervisor Name	Supervisor Signature

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Date	File No.	Male/Female	Age	Chief Complaint & Diagnosis	Management Strategy	Other Info/ Comment	Related Competency	Supervisor Name	Supervisor Signature
Duration u	nder Supervisio	on:		Total No. Clinical	Hours under Supe	ervision:			
I hereby co	nfirm that the a	bove information is	s true.						
Practitione	er (Supervisee)) Signature		Date					