

**Form 27 BK**

**Intern Duty Certificate – Biokineticists**

**A NON COMPLIANT AND INCOMPLETE APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!**

Please PRINT and return the ORIGINAL FORM to: **by registered mail for ease of tracking mail**  
The Registrar, The Professional Board for Physiotherapy, Podiatry and Biokinetics,  
PO Box 205, Pretoria 0001  
553 Madiba Street, Arcadia, Pretoria 0083

**DECLARATION**

HPCSA Registration Number: \_\_\_\_\_

It is hereby certified that (Dr, Mr/Mrs/Miss\*): \_\_\_\_\_ Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Underwent training as an intern biokineticist during the period/s.....20.....to.....20.....  
and from.....20.....to.....20.....

as set out in the guidelines regarding intern Biokineticists and training of intern Biokineticists; and that his/her service was

Name of intern training institution: \_\_\_\_\_

Full postal address: \_\_\_\_\_

Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_

Cellular: \_\_\_\_\_

Email: \_\_\_\_\_

The Biokineticist(s) complete Addendum A for the intern

*NB:* If the internship is conducted at different accredited practices a separate Form 27BK and Addendum A must be completed by each supervising Biokineticist.

**SIGNATURE: Supervising Biokineticist**

**Name: Please print**

Date: \_\_\_\_\_ 20 \_\_\_\_\_

**Note:** This application form should be submitted in addition to Form 24 BK, further documentation and the registration fee. **Registration fees are adjusted annually.**

**Note:** **NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED**

***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.***

# Addendum A: EVALUATION OF INTERN

(Completed form to be submitted by the intern to the HPCSA)

## DETAILS OF INTERN

Name of Intern:.....

Postal Address:.....

.....

Telephone numbers:.....

E-mail: .....

## DETAILS OF SUPERVISOR(S)

Name of supervisor:.....

Practice name/institute:.....

Postal Address:.....

Telephone numbers:.....

E-mail:.....

BK (HPCSA) Registration Number:.....

Practice Number:.....

## GENERAL INFORMATION

First evaluation date:.....Second evaluation date:.....

## KEY FOR EVALUATION

Please indicate with an "X"

The following divisions serve as guidelines for the evaluation of the capabilities and knowledge of the intern in the practice:

## AREAS OF EVALUATION

### • Facility / Equipment Utilization

| Evaluation dates                        | Evaluation 1 |         |      | Evaluation 2 |         |      |
|---|--------------|---------|------|--------------|---------|------|
|   | Poor         | Average | Good | Poor         | Average | Good |
| Equipment maintenance                   |              |         |      |              |         |      |
| Lay out of equipment                    |              |         |      |              |         |      |
| Space utilization                       |              |         |      |              |         |      |
| Cleanliness/ appearance                 |              |         |      |              |         |      |
| Handling of equipment, storage & safety |              |         |      |              |         |      |

Recommendations:.....

.....

• **Administrative Competence**

|                                | Evaluation 1 |         |      | Evaluation 2 |         |      |
|--------------------------------|--------------|---------|------|--------------|---------|------|
| Evaluation dates               |              |         |      |              |         |      |
|                                | Poor         | Average | Good | Poor         | Average | Good |
| Compilation of Patient Records |              |         |      |              |         |      |
| Filing and Record Keeping      |              |         |      |              |         |      |
| Computer Proficiency           |              |         |      |              |         |      |
| Report Compilation and Writing |              |         |      |              |         |      |
| Oral Communication Skills      |              |         |      |              |         |      |
| Practice Management            |              |         |      |              |         |      |

Recommendations:.....

.....

• **Basic Knowledge**

|                                     | Evaluation 1 |         |      | Evaluation 2 |         |      |
|-------------------------------------|--------------|---------|------|--------------|---------|------|
| Evaluation dates                    |              |         |      |              |         |      |
|                                     | Poor         | Average | Good | Poor         | Average | Good |
| Safety Precautions / Emergency Plan |              |         |      |              |         |      |
| First Aid                           |              |         |      |              |         |      |
| CPR                                 |              |         |      |              |         |      |
| Pharmacological agents              |              |         |      |              |         |      |
| Special populations                 |              |         |      |              |         |      |
| Applied anatomy & physiology        |              |         |      |              |         |      |

Recommendations:.....

.....

• **Ethics & Conduct**

|                         | Evaluation 1 |         |      | Evaluation 2 |         |      |
|-------------------------|--------------|---------|------|--------------|---------|------|
| Evaluation dates        |              |         |      |              |         |      |
|                         | Poor         | Average | Good | Poor         | Average | Good |
| Ethical Code            |              |         |      |              |         |      |
| Patient Interaction     |              |         |      |              |         |      |
| Collegial Relationships |              |         |      |              |         |      |
| Privacy                 |              |         |      |              |         |      |
| Professionalism         |              |         |      |              |         |      |
| Punctuality             |              |         |      |              |         |      |
| Dress Code              |              |         |      |              |         |      |

Recommendations:.....

.....

**EXPERIENCE**

• **Preventative Medicine – Group Counseling**

|                                       | Recommend-<br>ed cases | Eval<br>1 | Eval<br>2 | Total |
|---------------------------------------|------------------------|-----------|-----------|-------|
| Education on cardiac risk factors     | 50                     |           |           |       |
| Education on orthopaedic risk factors | 50                     |           |           |       |
| Other health awareness talks          | 50                     |           |           |       |

Recommendations:.....

.....

• **Evaluation & Assessment**

|   | Recommend-<br>ed cases | Eval<br>1 | Eval<br>2 | Total |
|---|------------------------|-----------|-----------|-------|
| Screening for contra-indications for exercise | 25                     |           |           |       |
| Screening for coronary risk factors           | 15                     |           |           |       |
| Obese individuals                             | 15                     |           |           |       |
| Ankle/foot                                    | 5                      |           |           |       |
| Knee  | 5                      |           |           |       |
| Hip   | 3                      |           |           |       |
| Back  | 5                      |           |           |       |
| Shoulder                                      | 3                      |           |           |       |
| Hand/arm                                      | 3                      |           |           |       |
| Neck  | 2                      |           |           |       |
| Anthropometry (including % body fat)          | 15                     |           |           |       |
| Special populations                           |                        |           |           |       |

Recommendations:.....

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• **Exercise Programme Prescription**

|   | Recommend-<br>ed cases | Eval<br>1 | Eval<br>2 | Total |
|---|------------------------|-----------|-----------|-------|
| Healthy individuals                                     | 25                     |           |           |       |
| Coronary risk patients (at least 1 primary risk factor) | 15                     |           |           |       |
| Patients with documented coronary blood vessel illness  | 15                     |           |           |       |
| Obese individuals                                       | 15                     |           |           |       |
| Patients with other chronic medical conditions          | 15                     |           |           |       |
| Ankle/foot  | 5                      |           |           |       |
| Knee  | 5                      |           |           |       |
| Hip   | 5                      |           |           |       |
| Back  | 5                      |           |           |       |
| Shoulder  | 7                      |           |           |       |
| Hand/arm  | 3                      |           |           |       |
| Neck  | 2                      |           |           |       |
| Special populations                                     |                        |           |           |       |

Recommendations:.....

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Do you consider the internship complete?

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If No, provide specific recommendations or a separate report.....

.....

Do you consider the intern competent to register with the HPCSA for independent practice?

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

In No, provide specific recommendations or a separate report:.....

.....

**First Evaluation:**

**Second Evaluation:**

Date:

Date:

.....  
Signature: Supervisor

.....  
Signature: Supervisor

.....  
Signature: Intern

.....  
Signature: Intern