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**PROFESSIONAL BOARD FOR PSYCHOLOGY**

**Department:** Executive Company Secretariat

**Designation:** Deputy Company Secretary

**Date:** 22 August 2023

Dear Practitioner,

**RE: APPLICATION FOR TRANSVERSE REGISTRATION - UPDATE**

The Professional Board for Psychology in November 2022 opened the application process for Transverse Registration (TR), the Board wishes to communicate the following amendments to TR requirements.

Transverse Registration will only apply to any psychologist registered in the category of Educational, Clinical or Counselling prior to the promulgation of the 2011 Scope of Practice regulations (R704). Following the regulations being published in 2011, the Professional Board ensured that all training programmes were compliant with new regulations. Therefore, all practitioners trained after this period would have trained in accordance with the new regulation and acquired the competencies for their specific category of registration.

1. Practitioners who wish to apply for the TR must be currently registered and have been active in continuous practice. 'Practice' means any role, whether remunerated or not, in which applicants use their skills and knowledge as registered psychologists in the profession. Practice is not restricted to the provision of direct clinical care. It also includes using your professional knowledge in a direct non-clinical relationship with clients, when working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact the safe, effective delivery of services in the profession. Applicants should provide a detailed history of their practice since registration, including any periods when not active, and according to the format described below.
2. Applicants should provide proof that they are compliant with Continuing Professional Development (CPD) and sign a declaration that they are in good standing.
3. The window period for application for TR is two (2) years from **1 January 2023 to 31 December 2024** (no new or still incomplete applications after 31 December 2024 will be considered). The reasons for a specified window period are as follows: This is a longstanding problem in the profession that should be remedied as a matter of urgency, and to minimise the confusion with the public and referring practitioners.
4. Practitioners who wish to apply for TR must choose one registration category (the transverse category) that best suits their competencies and clearly state the category to which they wish to convert.

5. Practitioners who are successful with their application will give up their current registered category for the new one. (This does not apply to any additional categories other than clinical, counselling and educational psychology).
6. Applications will only be reviewed once all the necessary documentation has been submitted.
7. The evaluation of the evidence will be undertaken by the Education, Training and Registration Committee of the Professional Board. Necessary evidence is to the satisfaction of the Professional Board.
8. The practitioner applying for TR will be required to complete full-time 12 months internship at an accredited institution/psychiatric hospital for Clinical Psychology. For Educational Psychology and Counselling Psychology tailored internship programmes will be permitted.
9. All approved applicants will be required to write the Board examinations in the transverse category applied for after completion of all requirements prescribed by the Professional Board. The normal National Board Examination policy and rules will apply.
10. At the end of the internship, an intern duty certificate, letter from the Education, Training and Registration Committee confirming approval to transverse and a letter confirming passing of National Board Examination should be submitted to the Registration Division to proceed with transverse registration.
11. Unsuccessful applicants may appeal the outcome.
12. Successful applicants for transverse registration into Clinical Psychology will not be required to do Community Service.
13. Application must include (1) the prescribed form, (2) a CV in the prescribed format and a (3) portfolio of evidence, as detailed below.
14. A complete application must include the following:
  - a. Applicants must complete and submit the form Application for Transverse Registration.
  - b. Applicants must submit a Curriculum Vitae in the format prescribed below.
  - c. Applicants must submit a portfolio of evidence in the format prescribed below. The portfolio of evidence must state each of the competencies from the relevant Minimum Standards Document and then provide details of evidence that the competency has been acquired. In cases where one or more competencies have not been acquired, the applicant should indicate this.
  - d. The application should be collated into a single PDF file.
15. Additional documentation required:
  - a. A copy of the course booklet for the first year of the directed master's programme.
  - b. A CPD compliance certificate.
  - c. Only relevant certificates of training

## Format of the CV

<p><b>Personal Information</b></p> <p><b>Qualifications Obtained for the Profession</b></p> <p><b>Clinical Skills</b></p>	<p>Please provide details according to the following domain:</p> <ul style="list-style-type: none"><li>• Knowledge of the discipline</li><li>• Ethical, legal and professional matters</li><li>• Diagnosis</li><li>• Psychological assessment and measurement</li><li>• Intervention strategies</li><li>• Research and evaluation</li><li>• Working with people from diverse groups</li><li>• practice across the lifespan</li></ul>
<p><b>Work / Practice History</b></p> <p><b>Internship</b></p> <p><b>Gaps in Work / Practice History</b></p>	<p>Current and Previous Positions. Details to include:</p> <ul style="list-style-type: none"><li>• Dates (for example; 30/06/2000 - 30/06/2002)</li><li>• Position(s) - Title</li><li>• Facility (including name, address and contact details i.e. City, Province, Country)</li><li>• Responsibilities (including whether the position was fulltime/part-time and if part-time include hours of work/week)</li><li>• Clinical responsibilities</li><li>• Supervisors</li></ul> <p>Provide in the chronology of the practice history details of internship rotations and placements. Also, give details of supervisors and their registration categories.</p> <p>Please provide an explanation of any period since obtaining your professional qualifications where you have not practised and the reasons (e.g. undertaking study, travel, family commitment).</p>

<b>Registration History</b>	Provide a list of jurisdictions i.e. authorities: <ul style="list-style-type: none"> <li>• where you are currently registered to practice, your registration number and date for first registration</li> <li>• where you have been previously registered to practice and your registration number and dates of registration.</li> <li>• where you have applied for registration and that application remains under consideration</li> </ul>
<b>References and Publications</b>	Note: If provided this should be limited to 1-2 pages.
<b>Declaration</b>	The Curriculum Vitae is true and correct as at [insert date]. (This declaration must be signed and dated.)

**Format of the Portfolio of Evidence**

<b>Competency</b>	<b>Evidence (i.e., by training, practice, research, teaching, observation etc.) Reference any attachments.</b>

**\*Applicants who have already submitted their applications to the Board are not required to resubmit.**

# Application for the Transverse Registration

This form should be completed by psychologists registered in the category of Educational, Clinical or Counselling, prior to the promulgation of the 2011 Scope of Practice regulations (R704).

All applications for the **TRANSVERSE REGISTRATION** will be considered on an *ad-hoc* basis on submission of the following documentation:

I apply to participate in the TRANSVERSE REGISTRATION PROGRAMME.

I am currently registered as a		HPCSA Registration Number	Conversion to (choose one)	
<input type="checkbox"/>	Clinical Psychologist	PS _____	<input type="checkbox"/>	Clinical Psychologist
<input type="checkbox"/>	Counselling Psychologist	PS _____	<input type="checkbox"/>	Counselling Psychologist
<input type="checkbox"/>	Educational Psychologist	PS _____	<input type="checkbox"/>	Educational Psychologist

**SECTION A: PERSONAL DETAILS**

Title      Prof       Dr       Mr       Ms

Surname: .....

Maiden Surname (if applicable): .....

First name(s): .....

Date of birth: ..... Birth Place: .....

Identity number: .....

Postal address: .....

Tel. (Work): ..... (Home): .....

Cell:..... Fax: .....

E-mail Address: .....

Marital Status: Divorced  Married  Single

Gender: Female  Male

### SECTION B: QUALIFICATIONS

Name of Degree	University or Institution where degree/qualification was obtained	From		To	
		Month	Year	Month	Year

#### Internship

Name of Institution	Categories / Domains	From		To	
		Month	Year	Month	Year

#### Professional Experience (in chronological order)

Name of Institution	Nature of appointment held	From		To	
		Month	Year	Month	Year

**SECTION C: DECLARATION**

**DECLARATION BY APPLICANT APPLYING FOR TRANSVERSE REGISTRATION IN TERMS OF SECTION 24 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 a **PSYCHOLOGIST** 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 as a **PSYCHOLOGIST** in the country of its/their origin, namely -
  - c. The course of study in professional subjects which I underwent, covered a period of ..... academic years. The last ..... academic years of professional study for admission to the examination for the qualification(s) in respect of which I apply for registration, were taken at ..... (insert name of University)
  - d. 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\*.
  - e. 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**

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 a **PSYCHOLOGIST**.

Signature ..... Profession or calling .....

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

Signature .....

**Justice of the Peace or Commissioner of Oaths**

District of .....

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 a **PSYCHOLOGIST**

Signature .....

Profession or calling .....

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

Signature: .....

Justice of the Peace or Commissioner of Oaths

District of .....

\*\* The signatories should preferably be Psychologists

The completed form is to be returned to the Registrar, Health Professions Council of South Africa, P O Box 205, Pretoria, 0001.

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To be considered, this application must be accompanied by a CV in the specified format and a Portfolio of Evidence in the specified format.