

**THE PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY
HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

**GUIDELINES AND APPLICATION FORM FOR FOREIGN QUALIFIED PRACTITIONERS
APPLYING FOR REGISTRATION AS A RADIOGRAPHER**

These guidelines are intended to assist an applicant who wishes to register as a Radiographer with the Professional Board for Radiography and Clinical Technology (hereafter referred to as the Board).

Registration as a radiographer can be obtained in one or more categories, namely: Diagnostic, Radiation Therapy, Ultrasound and Nuclear Medicine.

Please make sure you have included the following documents with your application. Failure to do so will result in your application being returned to you.

CHECKLIST FOR COMPLIANCE – INITIAL REGISTRATION PROCESS	Please Tick
1. Form 177DR duly completed	
2. A certified copy by a <u>notary public</u> of the applicant's identity document/passport.	
3. Copies of all <u>degree certificates and transcripts</u> certified by <u>an attorney</u> in his/her capacity as a NOTARY PUBLIC and bearing the official stamp and a sworn translation thereof into English (for practitioners from Non-English-speaking countries).	
4. The calendar of the candidates educational institution, published in the year in which the candidate commenced his/her studies, indicating the syllabus of the programme completed.	
5. Annexure A and B fully completed.	
6. Supporting evidence – experience obtained, dates, places etc. All documentary evidence should be in the original; if this is not possible, duly certified copies of documents may be submitted.	
7. A recent <u>certificate of status</u> (certificate of good standing), indicating that the candidate is in good standing in country of origin, issued by the foreign registration authority where applicant is currently registered. Should be an original and not older than 3 months.	
8. Qualification in another language – submit letter from International English Language Testing System. Band score 6 (they can use and understand complex English fairly well).	

<p>9. Original valid letter of endorsement in support of the application for registration issued by the Foreign Workforce Management Program (FWMP) (Not applicable to SA citizens and Permanent Residents) Contact the National Department of Health on www.health.gov.za/)</p>	
<p>10. SAQA evaluation ((Visit http://www.saqa.org.za/ to get your foreign qualification evaluated Please note that HPCSA requirements are not replaced by the SAQA Certificate of Evaluation).</p>	
<p>11. Proof of Payment of administration fee of R3000.00. Please note that this amount is non- refundable and does not guarantee registration.</p>	

Foreign qualified practitioners/ applicant should follow the following procedure:

Step 1: Apply to the Board by submitting Form 177DR and all stipulated supportive documents.

Step 2: The application will be considered by the Education, Training and Registration Committee of the Board, who will inform the applicant of the outcome of their application.

Step 3: If approved, the applicant may be required to subject themselves to an examination (at a cost) in order to determine registrability.

Step4: After passing the examination, the applicant may be registered under the ambit of the board on condition that all requirements of the Health Professions Council of South Africa are met.

1. TIMELINES

Foreign qualified applications are considered by the Education, training and Registration Committee of the Board which meets three times a year in March, July and November. When a compliant application is received, it serves at the next Education, Training and Registration meeting provided it was received a month before the date of that meeting.

Once the application has served, the outcome is communicated to the applicant after fourteen days from the date of the approval of the minutes of the meeting.

2. PROFESSIONAL PRACTICAL EXPERIENCE

An applicant for registration must also submit official documentary evidence of having completed full-time practical training and/or professional experience.

3. THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO THE PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY AT THE ADDRESS PROVIDED IN (5) BELOW:

The following administration fees are payable:

Application fee for registration as a radiographer of R3000,00

The banking details are as follows:

Bank: ABSA
Branch: Arcadia
Branch Code: 33 49 45
Account number: 061 00 00 169 (Other monies)
Swift Code: **ABSAZAJJ** (International Payments)

Kindly use the below as your reference:

ID NUMBER OR PASSPORT NUMBER/ADMINFEERCT

****Please note:** Payment of the application fee does not guarantee approval of the application.

4. Further requirements

A copy of the rules relating to relating to the registration is attached hereto. Applicants are advised to acquaint themselves with the requirements laid down by the Board before completing the application form.

Applicants will be required to-

- 4.1 pass the Board Examination;
- 4.2 successfully complete 12 month's community service in terms of section 24A of the Health Professions Act. In order to register with the Health Professions Council of South Africa (HPCSA), foreign qualified non-South African citizens are required to submit a letter from the National Department of Health, offering them a community service post.
- 4.3 in the case of South African foreign qualified citizens perform community service in terms of section 24A of the Health Professions Act in respect of the professions for which community service applies.

5. Address and enquiries

Duly compiled applications or written enquiries may be sent to:

The Registrar
HPCSA
P O Box 205
PRETORIA
0001

NOTES:

- (a) **The application for registration first must be approved by the Professional Board for Radiography and Clinical Technology.**
- (b) **Incomplete applications will be returned to the applicants.**
- (c) **No application will be considered without all the required documentation and proof of payment of an administration fee being submitted.**

**THE PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY
RESERVES THE RIGHT TO USE ANY METHOD OF EVALUATION OF THE APPLICANT
PRIOR TO APPROVAL OF THE APPLICATION FOR REGISTRATION**



FORM 177DR

THE PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

APPLICATION FORM FOR FOREIGN QUALIFIED PRACTITIONERS AS A RADIOGRAPHER

Please send a duly completed form to: The Registrar, Health Professions Council of South Africa, P O Box 205, PRETORIA 0001 or 553 Madiba Street, Arcadia, Pretoria, 0083

ANNEXURE A

CONTACT DETAILS – please use block letters		
Title:		
Surname:		
Maiden name:		
First Name:		
ID number:		
Date of Birth:		
Country of origin:		
Telephone number	(H)	(W)
Facsimile number	(H)	(W)
Cell number		
email		
Postal Address		
		Postal Code:
Physical Address		
		Postal Code:

WHAT CATEGORY OF REGISTRATION ARE YOU APPLYING FOR?

Diagnostic Ultrasound

Ultrasound

Radiation Therapy

Nuclear Medicine

QUALIFICATIONS – give in date order stating with the first

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

EMPLOYMENT – list the principal appointments you held since obtaining your qualifications in radiography. List in chronological order, starting with the date.

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

DECLARATION

I declare that the information given in this form and any supporting documentation is true and accurate.

Signed: _____ Date: ____/____/____



THE PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY
HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
VERIFICATION FORM

ANNEXURE B

A. PERSONAL DETAILS – please use block letters			
Prof/Dr/Mr/Mrs/Ms			
Surname:			
Previous surname:			
First Name:			
ID number:			
Date of Birth:			
Country of origin:			
Postal Address			
Telephone number	Facsimile number	Cell number	Email Address
SIGNATURE:.....Date:.....20.....			
B. TO BE COMPLETED BY THE UNIVERSITY/ COLLEGE			
Name of the University/ College.....			
It is hereby certified that completed a degree programme in Radiography.			
Status: <input type="checkbox"/> Full- time <input type="checkbox"/> Part-time <input type="checkbox"/> On-line/Correspondence			
He/She is registered as a student for the term which began onand ended on..... According to our records he / she graduated on			
WE RECOMMEND him/her for registration ----- SIGNATURE		ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION ----- DATE	

FOR OFFICIAL USE ONLY

Documents received	Yes	Date Received
Notarised copies of degree certificates and academic transcripts		
Official and detailed curriculum of course of study		
SAQA Certificate of Evaluation		
Notarised proof of citizenship, Passport or Identity Document		
Letter issued by Foreign Workforce Management Program (FWMP) of the National Department of Health (not older than 6 months from date of issue)		
Recent certificate of good standing (certificate of status) from country of origin (not older than 3 months from date of issue)		
Proof of payment of administration Fee		
Two references indicating professional conduct and ability		

COMMENT:

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2018 FINAL VERSION
