

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

THE PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY

APPLICATION FOR REGISTRATION AS A CLINICAL TECHNOLOGIST - FOREIGN QUALIFICATIONS

These guidelines are intended to assist an applicant who wishes to register with the Professional Board for Radiography and Clinical Technology

1. **Professional Studies**

If an applicant holds a foreign qualification(s), the minimum period of education and training for such qualification(s) must correspond with the education and training required from candidates qualifying in South Africa.

2. **Practical Training/Professional Experience**

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

3. **Applications**

The following documents (in English or officially translated into English) must be submitted to the Professional Board at the address provided in (5) below:

- 3.1 the attached application form, duly completed;
- 3.2 copies of all degree/diploma certificates and school leaving certificates or similar academic qualifications certified only by an attorney in his capacity as notary public and bearing the official stamp;
- 3.3 original transcripts of record issued by your training institution indicating course content of each qualification referred to in 3.2 above (copies of original documents will only be accepted if duly certified as outlined in 3.2 above);
- 3.4 a copy of syllabi of individual subjects;
- 3.5 in the case of supporting evidence regarding experience and appointments held, such documents must specify the exact nature and extent of work performed and the periods during which the appointments were held (see also 2 above). All documentary evidence should be in the original; if this is not possible, duly certified copies of documents may be submitted;
- 3.6 a work permit and an offer of employment in South Africa;
- 3.7 A recent certificate of status (certificate of good standing), indicating that candidate is in good standing in country of origin, issued by the foreign registration authority where applicant is currently registered;
- 3.8 two references indicating professional conduct and ability;
- 3.9 copy of marriage certificate (if applicable);
- 3.10 proof of proficiency in English.

- 3.11 a copy of a valid Passport or Identity Document as proof of current citizenship, duly certified by a notary public as indicated above.
- 3.12 **Original letter of endorsement** in support of the application for registration issued by the Foreign Workforce Management Program (FWMP) of the National Department of Health. Applications should be directed to Ms Ina Human, FWMP, Room 1004, South Tower, Civitas Building, Cnr Thabo Sehume and Struben Streets, PRETORIA CBD. Private Bag X 828, PRETORIA, 0001, RSA. Tel: +27-(0) 12-395 8687 Fax to mail: 086 529 5301 (Annexure A)
- 3.13 A non-refundable application fee of R3000.00.
- (Please note: Payment of the application fee does not guarantee approval of the application)
- 3.14 A South African Qualifications Authority (SAQA) certificate.

4. **Further requirements**

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

Please note that candidates may be required to subject themselves to an examination in order to determine their registrability.

5. **Address/Enquiries**

Duly compiled applications or written enquiries may be sent to:

The Registrar
Section: Professional Boards
HPCSA
P O Box 205
PRETORIA
0001

6 **No application will be considered without all the required documentation being submitted.**

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Please note: **Section 1 and 2 must be completed by the applicant.**
 Section 3 must be completed by the Educational Institution.

SECTION 1:
(To be completed by applicant)

- 1.1 TITLE: (MR/MRS/MISS):
- INITIALS AND SURNAME:
- MAIDEN NAME
- If your name on your qualification document is different to your present surname please send proof of identification.
- 1.2 DATE OF BIRTH: PLACE OF BIRTH.....
- 1.3 NATIONALITY:
- 1.4 POSTAL ADDRESS:
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- 1.5 WORK ADDRESS:
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- 1.6 CONTACT NUMBER: EMAIL ADDRESS:
- 1.7 PROFESSIONAL QUALIFICATIONS:

SECTION 2:
(To be completed by applicant)

- 2.1 BASIC SCHOOLING
- 2.1.1 How many years of schooling did you receive before starting your course?
 years

2.1.2 Please list your final school subjects

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2.1.3 IN WHICH CATEGORY OF CLINICAL TECHNOLOGY DO YOU WISH TO REGISTER?

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2.1.4 BASIC TRAINING

2.1.4.1 Please give the full name and address of the institution where you received your training.

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2.1.4 REGISTRATION

2.1.4.2 Does your country require State Registration (Licensing) in order to practise?

YES NO

2.1.4.2 Registration Number:

2.1.5 GENERAL

2.1.5.1 Please add any other information which you think may be of assistance to us in assessing your basic qualification

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I hereby certify that the abovementioned information is correct:

Name of applicant:

Signature:

Date:

SECTION 3:
(To be completed by the Educational Institution) (In Foreign Country)

3.1 NAME OF INSTITUTION:

3.2 QUALIFICATION RECEIVED BY THE APPLICANT

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3.3 ENTRY REQUIREMENTS

3.3.1 What are the pre-entry requirements for the course?
(Please answer under the following headings)

3.3.1.1 School subject passes/credits required

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3.3.1.2 Percentage pass mark required

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3.4 DURATION OF BASIC COURSE

3.4.1 Number of years

3.4.1.1 Commencement of course by the applicant day month year

3.4.1.2 Completion of course by the applicant day month year

3.4.2 If the applicant was required to repeat any part of the course and this influenced the date of completion please state how much extra time was required

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3.4.3 Category in which qualification was issued

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3.5 THEORETICAL TRAINING

Please list the subjects included in the course (excluding clinical practice) and state the number of hours devoted to formal theoretical training

3.5.1 **Subjects** **Total number of hours**

Please Note:

A certified copy of the syllabi of individual subjects must be included with the application.

3.6 CLINICAL/PRACTICAL TRAINING

3.6.1 How much clinical/practical experience on patients is included during training? By this is meant 'hands on' experience on patients by the student and not merely the observation of the procedure carried out by a qualified personnel. Please give exact number of hours spent per year working with patients.

First year hours

Second year hours

Third year hours

3.6.2 What percentage of this practical experience was:

Supervised

Unsupervised

3.6.3 Please give details of time spent gaining clinical/practical experience of any specialised procedures in the last 5 years.

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3.7 DECLARATION BY HEAD OF EDUCATIONAL INSTITUTION (**In Foreign Country**)

I hereby certify that the information provided under Section 3 is correct.

Name (please print):

Signature:

Date:

Official Stamp of Training Institution

I accept that my application will be invalidated if the submitted **application form** is **incomplete** or the **required documentation** as set out under Section 3 **does not accompany my application form.**

Name:(please print)

Signature:

Date:

PLEASE NOTE:

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

PS: Please return duly completed application form to:

The Registrar
HPCSA
P O Box 205
PRETORIA
0001

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