

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

PROFESSIONAL BOARD FOR DENTAL ASSISTING, DENTAL THERAPY AND ORAL HYGIENE

REQUIREMENTS FOR REGISTRATION OF DENTAL ASSISTANTS

AND

STUDENT DENTAL ASSISTANTS

REGISTRATION IS A PREREQUISITE FOR PRACTISING AS A DENTAL ASSISTANT

In terms of the Health Professions Act, 1974 (Act 56 of 1974), registration with the Health Professions Council of South Africa (HPCSA) is a prerequisite for practising. Professional acts and procedures performed by Dental Assistants in dental practices, dental therapy practices and oral health establishments, fall within the scopes of the oral health professions that fall under the ambit of the HPCSA. It is a criminal offence if unregistered persons are involved in any of the acts of the professions registered under the ambit of the HPCSA.

The benefits of registration with the HPCSA are-

- conferral of professional status to the practitioner, inclusive of the right to practice the profession that he/she qualified for;
- the assurance that no unqualified person may practice these professions;
- Credibility as a competent practitioner.

Once you are registered you have to comply with the ethical code and all the rules and regulations of the HPCSA, perform your duties as a Dental Assistant professionally and ethically in the interest of the patients.

1. REGISTRATION OF DENTAL ASSISTANTS

In terms of the regulations any person practising as a Dental Assistant **must** be registered with the Health Professions Council of South Africa.

2. CATEGORIES OF REGISTRATION

2.1 Student Dental Assistants

All students enrolling for the National Certificate in Dental Assisting at an accredited training institution are required to register as Student Dental Assistants, **within 2 months** following such enrolment.

2.2 Dental Assistants

The requirement for registration as a Dental Assistant is successful completion of a National or Higher Certificate in Dental Assisting from a University of Technology, recognised in terms of sub regulation 1 of the regulations relating to registration of Dental Assistants (DA).

The Board has implemented a Board examination for Student Dental Assistants who are **currently** registered under the grandfather clause, (i.e. registration based on years of experience) and who have a **DA-S registration number**. Further information regarding the examination is available on the website (www.hpcsa.co.za).

Alternatively, universities could at their discretion assess the qualification and **other** qualifications acquired on the basis of recognition of prior learning and allow the applicant to sit the examination only.

3. TRAINING INSTITUTIONS ACCREDITED FOR THE TRAINING OF DENTAL ASSISTANTS

TSWANE UNIVERSITY OF TECHNOLOGY

Ms E Prinsloo
Tshwane University of Technology
Department Dental Sciences
Private Bag X 680
PRETORIA
0001

Tel/Fax: 012 382 5278
E-mail: prinslooem@tut.ac.za

DURBAN UNIVERSITY OF TECHNOLOGY

Mr T. Gumbi
Acting Head: Dental Sciences
Faculty of Health Sciences
Durban University of Technology
ML Sultan Campus
P.O. Box 1334
DURBAN
4000

Tel: 031-373 2031
Fax: 031-3732047
Email: thobanig@dut.ac.za

CENTRAL UNIVERSITY OF TECHNOLOGY

Ms J Oosthuysen
Central University of Technology
Private Bag X 20539
BLOEMFONTEIN
9300

Tel: 051 507 3388
E-mail : jeanneo@cut.ac.za

CAPE PENINSULA UNIVERSITY OF TECHNOLOGY

Prof Penelope Engel-Hills
Acting Dean: Faculty of Health and
Wellness Sciences
Cape Peninsula University of Technology
P O Box 1906
BELLVILLE
7535

Telephone: 021 959 6218
E-mail: engelhillsp@cput.ac.za

Persons with qualifications obtained from predecessors of the above institutions (e.g Peninsula Technikon, Pretoria Technikon, M L Sultan, Technikon Free State, etc.) will also be considered for full registration as Dental Assistants. Prior to the promulgation of the regulations several courses were offered under the auspices of the Dental Association of South Africa (DASA) which would also be considered for registration as Dental Assistants. These include certificates from Wits Oral Dental Hospital and Tygerberg Hospital completed under the auspices of the University of Stellenbosch.

Qualifications obtained from Distant Learning Institutions such as Intec College, Oxbridge Home Study College or Stanford College **are not recognised** for registration and should, therefore, not be submitted when applying for registration.

4. PERSONS WITH FOREIGN QUALIFICATIONS

Persons with foreign qualifications in dental assisting are required to:

- i. submit the curricula issued by the respective institutions to any of the recognised educational/training institutions in South Africa for assessment;
 - ii. the institution will assess the curricula and measure it against the South African qualification;
 - iii. Recognition of Prior Learning by South African universities and where deficiencies pertaining to the education and training outcomes are identified, the institutions may at their discretion, offer additional training and examinations towards meeting the requirements for registration as a Dental Assistant (DA);
- . duly complete the application form for registration of foreign trained practitioners (Form 176 DOH) and submit it together with all the relevant documents to the Board for consideration.

Non-South African citizens are required to submit a letter of endorsement in support of the application for registration issued by the Directorate: Foreign Workforce Management (FWM) of the National Department of Health. Applications should be directed to the National Department of Health, Directorate: FWM, Private Bag X828, Pretoria, 0001

Physical address: Room 1001, Civitas Building, Corner Thabo Sehume and Struben Streets,

Tel numbers: 012 395 9661
012 395 8685

E-mail addresses: malunm@health.gov.za
malulekel@health.gov.za

5. DOCUMENTS REQUIRED FOR REGISTRATION

5.1 Dental Assistant

The following documents have to be submitted:

- i. Form 24 DA (duly completed)
- ii. a copy of ID document duly certified by a Commissioner of Oath;
- iii. a copy of marriage certificate (if applicable) duly certified by a Commissioner of Oath;
- iv. a copy of the National Certificate duly certified by a **NOTARY PUBLIC**, i.e an attorney in his/her capacity as a **NOTARY PUBLIC**. Please note copies certified by a Commissioner of Oath will

not be accepted for registration purposes, or for registration under the grandfather clause, a letter/s from the employers, confirming the exact period/s of employment as a Dental Assistant.

- v. proof of payment of the registration fee of **R730,00**;
- vi. proof of payment of the pro rata annual fee (See schedule below).

Please note faxed and e-mailed copies of registration documents will not be accepted for purposes of registration

5.2 Student Dental Assistant

- i. Form 53 DA-S (duly completed);
- ii. a copy of ID document duly certified by a Commissioner of Oath;
- iii. a copy of marriage certificate (if applicable) duly certified by a Commissioner of Oath;
- iv. proof of registration for the National Certificate in Dental Assisting with an accredited education institution;
- v. proof of payment of the registration fee.

Please note faxed and e-mailed copies of registration documents will not be accepted for purposes of registration

6. ANNUAL FEES

In order to retain your name on the register an annual fee is payable on 1 April of each year. The annual fee payable by Dental Assistants for 2018/19 is **R810, 00**, or part thereof calculated on a pro-rata basis. **Student Dental Assistants are not required to pay an annual fee.**

Pro rata annual fees for Dental Assistants, **in addition** to registration fees, are payable as follows:

Registrations during	2018/19					
	April	May	June	July	August	September
	R810,00	R742.50	R675.00	R607.50	R540.00	R472.50
Registrations during	October	November	December	January	February	March
	R400.00	R337.50	R270.00	R202.50	R135.00	R67.50

Please note that failure to pay the annual fee will result in your name being removed from the register. If your name is removed from the register you will not be entitled to practice as a Dental Assistant. Furthermore, you will be required to pay restoration and penalty fees for the restoration of your name to the register.

7. YOUR CONTACT DETAILS

When applying for registration it is important that your correct postal address, physical address, contact telephone number, etc. are provided. You are also required in terms of the Health Professions Act, 1974 to advise the HPCSA of any change in your contact details. Your compliance to this request will enable the HPCSA to ensure that important information, e.g. newsletters and communication from the HPCSA reach you as a registered person.

8. OUR CONTACT DETAILS

If you require further information or have questions regarding the content of this information leaflet please contact **012-338 9300** during office hours, Monday to Friday.

Banking details of the HPCSA are as follows:

Name of the Bank	:	ABSA
Arcadia Branch		
Branch code	:	33 49 45
Account number	:	061 0000 169
<u>Ref No</u>		<u>Your reference number and/or your full initials and surname or your Student Dental Assistant registration number</u>

Please feel free to contact the HPCSA at the number provided above should you require further information.