

**PROFESSIONAL BOARD FOR EMERGENCY CARE**

**GUIDELINES AND APPLICATION FORM FOR REGISTRATION OF FOREIGN QUALIFIED PRACTITIONERS AS BASIC AMBULANCE ASSISTANT, AMBULANCE EMERGENCY ASSISTANT, PARAMEDIC, EMERGENCY CARE ASSISTANT, EMERGENCY CARE TECHNICIAN, EMERGENCY CARE PRACTITIONER**

**NOTE:**

The application form has to be **duly** completed and returned together with all the relevant documents to-

The Registrar  
HPCSA  
P O Box 205  
Pretoria  
0001

**Incomplete applications will not be considered.**

1. The following documents have to be submitted together with the application form:
  - i. A copy of a valid passport or identity document or work permit as proof of current citizenship, duly certified by a **NOTARY PUBLIC** as indicated above.
  - ii. Non-South African citizens are required to submit a letter of endorsement issued by the Directorate Foreign workforce Management, National Department of Health, confirming the employability or placement of the applicant. Applications should be directed to:

The National Department of Health  
Directorate: Workforce Management  
Private Bag X828  
**PRETORIA**  
0001

Room 1004  
Civitas Building (South Tower)  
Corner Andries and Struben Streets  
**PRETORIA**

Tel no: 012 395 9661

Miyelani Maluleke: 012 395 9661

Lavani Maluleke: 012 395 8685

E-mail addresses:

[malunm@health.gov.za](mailto:malunm@health.gov.za)  
[malulekel@health.gov.za](mailto:malulekel@health.gov.za)

- iii. Proof of payment of a **non-refundable** application administration fee of R3 000,00 (please note this is not a registration fee).

The banking details of the HPCSA are as follows:

ABSA Bank  
Arcadia Branch  
Branch Code: 33 49 45  
Account No: 0610000169  
Ref No: your initials and surname and **EMB ADMIN FEE**

- iv. Proof of having held registration by the foreign Registration Authority.
- v. An original certificate of good standing, which shall not be more than 6 months old, issued by the foreign health registration authority where the applicant is or was registered, indicating any Professional conduct inquiries/complaints against the name of the applicant.
- vi. Copies of qualification certificates certified by a **NOTARY PUBLIC**, i.e. an attorney in his/her capacity as a **NOTARY PUBLIC** and bearing the official stamp. Copies certified by a Commissioner of Oath will **not** be accepted. Only original translations of the required documents done by a sworn translator and **duly** notarised will be accepted. In addition to such English translations, legible copies of the original documents, certified by a **Notary Public** have to be submitted.
- vii. A detailed official curriculum of the course at the time of study, specifying courses, content of education (theory), training (practical) and clinical practise, duration and mode of examination/evaluation. The curriculum has to be signed off by the education institution that issued the qualification and bearing the official stamp of the education institution.
- viii. An original academic transcript and certificate of good standing issued by the education institution
- ix. Applicants are required to have all the academic qualifications evaluated in order to determine their status in relation to recognised qualifications. A request for an evaluation should be submitted to the South African Qualifications Authority (SAQA) at the following address;

SAQA (Evaluation of Qualification)  
Postnet Suite 248  
Private Bag X 06  
Waterkloof  
0145

Tel: (012) 431 5000

E-mail: saqainfo@saqa.co.za

## 2. INTRODUCTION

The Health Professions Council of South Africa is established in terms of the Health Professions Act, 1974 (Act No. 56 of 1974) to protect the Public and Guide the Professions which requires that all Health Professionals practicing in South Africa shall be registered with the HPCSA and practice in accordance with and within the ethical and legal framework of the Council.

## 3. APPLICATION ASSESSMENT

**STEP 1:** Upon receipt of an application an acknowledgement letter will be issued by the Board.

**STEP 2** Each application is checked to ensure all the core documents have been included. This is done before an application is entered onto our registration system. The application will be submitted for consideration to a relevant Committee of the Professional Board for Emergency Care. The Committee will assess compliance with all the requirements for registration with the HPCSA, as determined by the Board.

**STEP 3:** When an applicant meets the requirements, the applicant may be required to comply with any conditions that may be imposed by the Board. Should the Board require that the applicant needs to

undergo any further clinical practice in health establishments; the applicant has to register as a student with the HPCSA in the relevant professional category.

**STEP 4**

The registration will be processed upon receipt of-

- i. confirmation of compliance with all conditions that may have been imposed by the Board on the official letterhead of the relevant education institution duly signed by the Academic Head of the Department;
- ii. proof of payment of the current registration fee and pro rata annual fee.

## PROFESSIONAL BOARD FOR EMERGENCY CARE

### APPLICATION FOR REGISTRATION FOREIGN QUALIFIED PRACTITIONERS

**Please note that incomplete applications will not be considered**

Please tick the registration category you wish to apply for

**CATEGORY**

EMERGENCY CARE PRACTITIONER	<input type="checkbox"/>	EMERGENCY CARE TECHNICIAN	<input type="checkbox"/>
PARAMEDIC	<input type="checkbox"/>	AMBULANCE EMERGENCY ASSISTANT	<input type="checkbox"/>
EMERGENCY CARE ASSISTANT	<input type="checkbox"/>	BASIC AMBULANCE ASSISTANT	<input type="checkbox"/>

**Please Print**

1. Title:..... Surname: .....
2. Maiden Name (if applicable): .....
3. First name(s): .....
4. Date of birth: .....Place of Birth: .....
5. Postal address: .....

.....  
.....

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

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

E-mail Address: .....

\*Marital Status:  Divorced  Married  Single      Gender:  Male  Female

\*Race  African  Indian  Coloured  White  Other      Country of origin: .....

Name of Registering Authority	Professional Registration Category	From		To	
		Month	Year	Month	Year

**6. Qualifications:**

Name of Qualification	Name and address of Institution where the qualification was obtained	From		To	
		Month	Year	Month	Year

**7. Practical Training**

Name of Institution	Practical Exposure	From		To	
		Month	Year	Month	Year
	<b>Total Practical Exposure</b>				

**8. Relevant Professional Experience/Employment History (in chronological order)**

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

**DECLARATION BY APPLICANT APPLYING FOR REGISTRATION IN TERMS 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 ..... 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 .....in the country of its/their origin, namely -  
.....
- c. The course of study in professional subjects which I underwent, covered a period of ..... The last period 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 Institution).
- 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.
- f. I hereby declare that I am/have been registered with the registering health authority in my country of origin.  
If you are not currently registered in your country of origin please provide reasons.

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.....  
.....  
.....

**Signature** .....

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

**Signature:** .....

**Justice of Peace or Commissioner of Oaths**

**OFFICIAL STAMP**

District of.....

**DECLARATIONS BY PERSONS OTHER THAN FAMILY MEMBERS**

**(PREFERABLY IN THE EMERGENCY CARE PROFESSION)**

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A. 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 .....

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

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

**Signature** .....  
**Justice of Peace or Commissioner of Oaths**

**OFFICIAL STAMP**

**District of** .....

B. 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 .....

**Signature** .....

**Profession or calling** .....

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

**Signature:** .....  
**Justice of the Peace or Commissioner of Oaths**

**OFFICIAL STAMP**

**District of** .....

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\* If the applicant is unable to make the declaration above, the Council, in order to consider the application, will require full particulars of the reasons for his or her inability.

\*\* The signatories should preferably be **in the Emergency Care profession**

10. Any other relevant facts which the applicant wishes to bring to the attention of the Board:

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**ANY OTHER COMMENT**

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**FOR OFFICIAL USE ONLY**

<b>Documents received</b>	<b>No</b>	<b>Yes</b>	<b>Date Received</b>
Copies of Qualifications – Notarised			
SAQA Evaluation Certificate			
Transcript of Academic record			
Official signed detailed curriculum of course of study			
Proof of Practical Training in Emergency Care			
Letter from Foreign Workforce Management			
Certificate of Good Standing (not older than 6 months)			
Proof of registration with health authority in the country of origin			
Proof of citizenship, Passport or Identity Document or work permit			
Proof of payment of application assessment fee (R3 000.00)			

**VERIFIED BY**.....  
**(SIGNATURE)**

**DATE:**.....