



**THE PROFESSIONAL BOARD FOR MEDICAL
ORTHOTISTS AND PROSTHETISTS**
**INTERN DUTY CERTIFICATE – MEDICAL ORTHOTICS AND
PROSTHETICS**

Form 27 OS

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please **PRINT** and return the **ORIGINAL FORM** to:
The Registrar, PO Box 205, Pretoria 0001
553 Madiba Street, Arcadia, Pretoria 0083

A. ISSUED BY

Name of training institution: _____

Full postal address: _____

Code: _____

Telephone No. _____

B. DECLARATION

It is hereby certified that (Mr/Mrs/Miss*): _____

Candidate's full names and surname: _____

Postal address: _____

Code: _____

Was employed at this institution **from:** Date: _____

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and **to** Date: _____

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and that he/she completed at least two years practical training as set out in the Rules for the registration of orthopaedic technical assistants.

Underwent the practical training of a minimum of 1 200 hours/one year as set out in the Rules for the registration of medical orthotists and prosthetists, and that his/her service was satisfactory.**

1. _____

**SIGNATURE: Head of the Department/Section of the Institution or
Official Deputy**

Name: Please print

Date: _____ 20 _____

2. _____

**SIGNATURE: Head: Department of Medical Orthotics and
Prosthetics**

Name: Please print

Date: _____ 20 _____

3. _____

SIGNATURE: Member of Professional Board/OPASA

Name: Please print

Date: _____ 20 _____

* Delete where not applicable.

** If the candidate's service is not satisfactory, a detailed explanation, setting out the reasons, should be submitted. This explanation must be signed by persons 1, 2 and 3.

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.