



ANNEXURE A

PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS

REPORT BY THE SUPERVISOR OF A GRADUATE/PRACTITIONER REGISTERED UNDER SUPERVISED PRACTICE

SECTION A: PARTICULARS OF PRACTITIONER (SUPERVISEE)

Title: _____

Initials and Surname: _____

HPCSA Registration Number: _____

Postal Address: _____

Start date of supervised practice: _____

End date of supervised practice: _____

SECTION B: PARTICULARS OF THE SUPERVISOR

Title: _____

Initials and Surname: _____

HPCSA Registration Number: _____

Name of Practice (where supervision was conducted): _____

Practice Address: _____

Practice Tel Number: _____

Cell phone number: _____

Fax Number: _____

E-mail address: _____

SECTION C: DETAILS OF CLINICAL EXPOSURE

OUTCOME COMPETENCY SUPERVISED/ MENTORED ON	Tick	COMMENT ON SUPERVISEE PROFICIENCY
Clinical practice and patient management		
General clinical skills		
Ocular diagnostic procedures		
Contact lenses		
Paediatric optometry		
Binocular vision		
Low vision		
Ocular disease and diagnosis		

OUTCOME COMPETENCY SUPERVISED/ MENTORED ON	Tick	COMMENT ON SUPERVISEE PROFICIENCY
Ocular therapeutics		
Optical dispensing		
Practice management (Administration and/or management responsibilities)		
Ethics		

GENERAL COMMENTS ON SUPERVISEE PERFORMANCE:

- *In case there is a need for more comments, attach extra pages.*

SECTION D: OUTCOMES AND RECOMMENDATIONS

1. Findings

OUTCOME	Tick the appropriate finding	MOTIVATION/ REASON
The practitioner met the required competency areas mentored on		
The practitioner partially met the required competency areas mentored on		
The practitioner did not meet the required competency areas mentored on		

2. Recommendations

To be registered for:	Category (Tick the appropriate)		
	Independent Practice	Independent Practice with Diagnostic privileges	Independent Practice with Therapeutic privileges

OR

To still be registered for supervised practice		Period: _____ months
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OR

Cannot be registered		Incompetent
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Comment: _____

Name and Surname

Signature

Date