Health Professions Council of South Africa

ANNEXURE B

PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS

COMPETENCY LOG-SHEET FOR GRADUATES/PRACTITIONERS REGISTERED UNDER SUPERVISED PRACTICE

Title: _____ Initials and Surname: _____

HPCSA Registration Number: _____ Category: _____

Facility/ Practice Name: _____

Date	File No.	Male/Female	Age	Chief Complaint & Diagnosis	Management Strategy	Other Info/ Comment	Related Competency	Supervisor Name	Supervisor Signature

Date	File No.	Male/Female	Age	Chief Complaint & Diagnosis	Management Strategy	Other Info/ Comment	Related Competency	Supervisor Name	Supervisor Signature

Date	File No.	Male/Female	Age	Chief Complaint & Diagnosis	Management Strategy	Other Info/ Comment	Related Competency	Supervisor Name	Supervisor Signature

Date	File No.	Male/Female	Age	Chief Complaint & Diagnosis	Management Strategy	Other Info/ Comment	Related Competency	Supervisor Name	Supervisor Signature

Time under Supervision: _____ **Total No. Hours under Supervision: _____**

I hereby confirm that the above information is true.

_____ _____

Practitioner (Supervisee) Signature **Date**