

**PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND
BIOKINETICS**

APPLICATION FOR PRACTICE ACCREDITATION

ADDING OR CHANGE OF SUPERVISORS:

This form is to be completed by any Biokinetics accredited practice where a supervisor/s of Interns change or join the practice. Please ensure you are familiar with the rules and guidelines for accreditation before completing this form. The following documents must be submitted together with this form to the Education and Training Division for further consideration by the PPB Board, before the new Biokineticists commence with supervising Interns.

CHECKLIST (the following must all be submitted together with the Letter of Intent F206A)

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|--|--|
| Form 206 D | |
| New supervisor/s' CPD Activity Record – HPCSA http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/board_nominations/CPD%201%20%20IAR.pdf | |
| CPD Certificates | |
| BLS level 1 inclusive of CPR and AED | |
| Proof of Malpractice insurance | |
| Proof of registration with the HPCSA | |

CPD Record – HPCSA

- 60 points are required for 2 years before the application.
- 10 Ethics, human rights and medical law for 2 years before the application
- Certificates need to be attached as proof for all CPD courses done.

BLS level 1

- Inclusive of CPR and AED

Malpractice insurance

- Can be obtained from BASA – www.biokineticssa.org.za

1. PRACTICE DETAILS

| | | |
|-----|--------------------------------|----------|
| 1.1 | NAME OF INSTITUTION/ PRACTICE: | |
| 1.2 | HEAD OF INSTITUTION/ PRACTICE: | |
| 1.3 | Postal address \: | |
| | | |
| | | |
| 1.4 | Physical address \: | |
| | | |
| | | |
| 1.5 | Code and Tel no: | |
| | Fax no: | Cell no: |
| | E-mail address: | |

2. SUPERVISOR(S) TO BE ADDED

| Initials, Surname and HPCSA registration number | Highest academic qualification | Biokinetics experience | Years of registration with the HPCSA | Evaluator comments |
|---|--------------------------------|------------------------|--------------------------------------|--------------------|
| | | | | |
| | | | | |

3. SUPERVISOR(S) TO BE replaced

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|--|
| Initials, Surname and HPCSA registration number |
| |
| |

.....
SIGNATURE Evaluator

.....
DATE

TEL:

CELL:

.....
SIGNATURE OF ETRC CHAIRPERSON

.....
DATE

TEL:

CELL:

