

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIODIAGNOSTICS
LETTER OF INTENT
TRAINING OF INTERN BIODIAGNOSTICISTS

Please complete the form below and indicate the reason for this application. Please note that all applications will only be considered twice a year and the closing date for submitting your application together with supporting documents is:

Round 1 - End February
Round 2 - End June

DETAILS OF APPLICANT

Title (Prof/Dr/Mr/Mrs/Ms):

Initials and Surname:

Maiden Name (if any):

HPCSA BK no:

Tel no.: (.....)..... Cell no.:

E-mail address:

APPLICATION

Indicate the reason for this application (tick appropriate box)

<input type="checkbox"/>	First application for accreditation (Form 206B)
<input type="checkbox"/>	Renewal of application (Form 206B)
<input type="checkbox"/>	Change of Practice Location (Form 206C)
<input type="checkbox"/>	Adding or Change of Supervisors (Form 206D)
<input type="checkbox"/>	Change of Practice Name (Form 206E)

DETAILS OF PRACTICE/S TO BE ACCREDITED

A. Name of practice:

Physical location (Address) of practice:

.....

.....

Postal Address:

..... (Postal code:

B. Additional Practice

Name of Practice:

Physical location (Address) of practice:

.....

Postal Address:

..... (Postal code:)

C. Additional Practice

Name of Practice:

Physical location (Address) of practice:

.....

Postal Address:

..... (Postal code:)

I, the undersigned, declare that I am aware of the stipulations and guidelines about the training of intern Biokineticists and hereby undertake to abide by these rules and guidelines.

Comment (if any):

.....

.....
SIGNATURE

.....
NAME (PLEASE PRINT)

.....
DATE