

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

APPLICATION FOR PRACTICE ACCREDITATION

PRACTICE NAME CHANGE

This form is to be completed by any Biokinetics accredited practice where the name of the practice will be/has been changed. 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.

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

Form 206 E	
Documents indicating practice name i.e. letterhead and business card	

Naming of practice

Stationary letterhead and a business card showing the applicant's name of the practice: i.e. Jon Dow Biokineticist [www.biokineticsSA.org.za – Login to the member's page and click on Professional information, choose from the drop-down list: Professional Conduct and Ethics], must be submitted together with this application.

1. CURRENT INSTITUTION/ 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:	Mobile No:
	E-mail address:	

* Separate reports to be submitted for different practices

** In terms of the ethical rules the use of a practice name other than the name of one or more practitioners is not permissible. **2.**

2. NEW PRACTICE NAME DETAILS:

1.1	NAME OF INSTITUTION/ PRACTICE:	
1.2	HEAD OF INSTITUTION / PRACTICE:	
1.3	Postal address of Institution/Practice (if different from above):	
1.4	Code and Tel no:	
	Fax no:	Mobile No:
	E-mail address:	

.....
SIGNATURE ETRC CHAIRPERSON

.....
DATE

TEL:

CELL:

