

## HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

### PROFESSIONAL BOARD FOR PSYCHOLOGY

#### APPLICATION FOR REGISTRATION AS NEUROPSYCHOLOGIST IN TERMS OF THE HEALTH PROFESSIONS ACT 1974, ACT 56 OF 1974

This form should be completed by individuals who have worked in the field of neuropsychology for a minimum period of five (5) years prior to the date of the promulgation of the regulations for the registration of Neuropsychologists, on 15 November 2019.

A window period until 31 December 2021 has been provided for the registration of Neuropsychologists in terms of Section 33 (2) of the Health Professions Act 1974 (Act 56 of 1974).

All applications for registration in terms of the Grandfather Clause will be considered on an *ad-hoc* basis on submission of the following documentation:

- a. An official and detailed curriculum
- b. Proof of any relevant postgraduate course work or study in neuropsychology
- c. Proof of any relevant work experience in the form of a portfolio of evidence of core competencies in neuropsychology
- d. Copy of all qualifications certified by a notary public
- e. A recent Certificate of Good Status not older than three (3) months (Applicable to Foreign Qualified Practitioners, this can be obtainable from a Regulatory body registered with abroad)
- f. Proof of South African citizenship or permanent residency (e.g. Passport or Identity Document).

1. **Title (Prof, Dr, Mr, Ms):** ..... **Surname:** .....

2. **HPCSA Registration number** .....

3. **Maiden Name (if applicable):** .....

4. **First name(s):** .....

5. **Date of birth:** ..... **Birth Place:** .....

6. **ID number:** .....

7. **Postal address:** .....

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**Tel. (Work):** ..... **(Home):** .....

**Cell:** ..... **Fax:** .....

**E-mail Address:** .....

\***Marital Status**     Divorced     Married     Single       **Gender**     Male     Female

**7. Qualifications:**

Name of Degree/Qualification	University or Institution where degree/qualification was obtained	From		To	
		Month	Year	Month	Year

**8. Internship**

Name of Institution	Categories / Domains	From		To	
		Month	Year	Month	Year

**9. Professional Experience (in chronological order)**

Name of Institution	Nature of appointment held	From		To	
		Month	Year	Month	Year

**10. DECLARATION BY APPLICANT APPLYING FOR REGISTRATION IN TERMS OF SECTION 33 OF THE HEALTH PROFESSIONS ACT, 1974**

I,.....hereby declare under oath as follows:

a. I am the person referred to in the accompanying certificate(s) of qualification(s) which I submit in support of my application to be registered as a Neuropsychologist in the Republic of South Africa.

b. The said qualification(s) was/were granted to me after examination and is/are my own lawful property, and entitle me as far as professional qualifications are concerned, to practise as a Neuropsychologist in the country of its/their origin, namely -

.....

c. The course of study in professional subjects which I underwent, covered a period of ..... academic years. The last ..... academic years of professional study for admission to the examination for the qualification(s) in respect of which I apply for registration, were taken at ..... (insert name of University/ Institution)

- d. I have never been convicted in any country of any offence against the law or been debarred from practice by reason of misconduct and, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at present\*.
- e. I further accept that my application may be delayed should I fail to submit all the required documentation.

Signature .....

SWORN before me at ..... this .....day of  
..... 20.....

Signature: .....

Justice of the Peace or Commissioner of Oaths

I, the undersigned\*\* .....  
 of ..... hereby declare under oath:  
 I personally know .....  
 whose signature appears above. To the best of my knowledge and belief, the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as a Neuropsychologist

Signature .....Profession or calling .....

SWORN before me at .....this.....day of  
..... 20 .....

Signature .....

Justice of the Peace or Commissioner of Oaths

District of .....

I, the undersigned\*\* .....  
 of ..... hereby declare under oath:  
 I personally know .....  
 whose signature appears above. To the best of my knowledge and belief the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as a Neuropsychologist

Signature .....

Profession or calling .....

SWORN before me at .....this.....day of  
..... 20.....

Signature: .....

Justice of the Peace or Commissioner of Oaths

District of .....

\* If the applicant is unable to make the declaration in paragraph 11 above, the Council, in order to consider the application, will require full particulars of the reasons for his or her inability.

\*\* The signatories should preferably be Psychologists

The completed form is to be returned to the Committee Coordinator, Professional Board for Psychology, Health Professions Council of South Africa, P O Box 205, Pretoria, 0001 or courier to Office 106, 572 Madiba Street, Arcadia, Pretoria

**11. Any other relevant facts which the applicant wishes to bring to the attention of the Board:**

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**FOR OFFICIAL USE ONLY**

Documents received	Yes	Date Received
Notarised copies of degree/ qualification certificates		
Official and detailed curriculum of course of study		
Proof of any relevant postgraduate course work or study in neuropsychology		
Proof of any relevant work experience in the form of a portfolio of evidence of core competencies in neuropsychology		
Certificate of Status (Applicable to Foreign Qualified Practitioners, this can be obtainable from a Regulatory body registered with abroad)		
Proof of citizenship, permanent residency, Passport or Identity Document		
Application Fee (R 1420.00 )		

**COMMENT:**

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