THE PROFESSIONAL BOARD FOR PSYCHOLOGY
HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

GUIDELINES AND APPLICATION FORM FOR FOREIGN QUALIFIED PRACTITIONERS
APPLYING FOR REGISTRATION AS A
PSYCHOLOGIST, REGISTERED COUNSELLOR OR PSYCHOMETRIST

These guidelines are intended to assist an applicant who wishes to register as a Psychologist, Registered Counsellor or Psychometrist with the Professional Board for Psychology (hereafter referred to as the Board).

Registration as a psychologist can be obtained in one or more categories, namely: Clinical Psychologist, Counselling Psychologist, Educational Psychologist, Industrial Psychologist and Research Psychologist.

Please make sure you have included the following documents with your application. Failure to do so will result in your application being returned to you.

<table>
<thead>
<tr>
<th>CHECKLIST FOR COMPLIANCE – INITIAL REGISTRATION PROCESS</th>
<th>Please Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Form 91 duly completed</td>
<td></td>
</tr>
<tr>
<td>2. A certified copy of the applicant’s identity document/passport.</td>
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<tr>
<td>3. Copies of all degree certificates and transcripts certified by an attorney in his/her capacity as a NOTARY PUBLIC and bearing the official stamp and a sworn translation thereof into English (for practitioners from Non-English speaking countries).</td>
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<tr>
<td>4. The calendar of the candidates educational institution, published in the year in which the candidate commenced his/her studies, indicating the syllabus of the programme completed.</td>
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<tr>
<td>5. Annexure A, B and C fully completed.</td>
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<tr>
<td>6. Supporting evidence – experience obtained, dates, places etc.</td>
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<tr>
<td>7. Proof of registration with a foreign professional body/License. Original letter of good standing (not older than 6 months)</td>
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<tr>
<td>8. Qualification in another language – submit letter from International English Language Testing System. Band score 6 (they can use and understand complex English fairly well).</td>
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</tbody>
</table>

Revised May 2016
9. **Original valid letter of endorsement in support of the application for registration issued by the Foreign Workforce Management Program (FWMP)** (Not applicable to SA citizens and Permanent Residence) Contact the National Department of Health on [www.health.gov.za](http://www.health.gov.za/)

10. **SAQA evaluation** ([Visit http://www.saqa.org.za/](http://www.saqa.org.za/) to get your foreign qualification evaluated Please note that HPCSA requirements are not replaced by the SAQA Certificate of Evaluation).

11. **Proof of Payment of administration fee.** Please note that this amount is non-refundable and does not guarantee registration.

Foreign qualified practitioners/applicant should follow the following procedure:

- **Step 1:** Apply to the Board by submitting Form 91 and all stipulated supportive documents,
- **Step 2:** The application will be considered by the Education Committee of the Board, who will inform the applicant of the outcome of their application,
- **Step 3:** If approved, the applicant will be required to present themselves to a panel for an oral examination (viva) and/or an objective structured skill examination (OSSE)
- **Step 4:** After passing this, the panel will determine the period of internship to be completed i.e. either 6 or 12 months.
- **Step 5:** On successfully completing the internship, the candidate must pass the National Board Examination. (See Form 225 or information about the National Board Examination)

**TIMELINES**

Foreign qualified applications are considered by the Education Committee of the Board which meets four times a year in February, May, August and October. Once a compliant application is received, it serves at the next Education meeting provided it was received a month before the date of that meeting.

Once the application has served, the outcome is communicated to the applicant after fourteen days from the date of the meeting.

1. **Requirements for Professional Practice in Psychology**
   1.1 **Psychologist**
      - 1.1.1 An applicant must hold a qualification approved by the Council for the purpose of registration as a Psychologist.
      - 1.1.2 The minimum period of education for registration as a Psychologist is five academic years which must include a structured professional training programme, and
      - 1.1.3 An approved full-time internship of 12 month’s duration.
   1.2 **Psychometrist**
      - 1.2.1 An applicant must hold a qualification approved by the Council for the purpose of registration as a Psychometrist.
      - 1.2.2 The minimum period of education for registration as a registered Psychometrist, is four academic years, and
      - 1.2.3 An approved full-time practicum of 6 month’s duration.
1.3 Registered Counsellor

1.3.1 An applicant must hold a qualification approved by the Council for the purpose of registration as a Registered Counsellor.

1.3.2 The minimum period of education for registration as a Registered Counsellor is four academic years, and

1.3.3 An approved full-time practicum of 6 month’s duration.

2. Professional Practical Experience

2.1 An applicant for registration must also submit official documentary evidence of having completed a full-time internship in the psychologist category for which registration is required.

2.2 Recognition of the completed full time internship will only be considered if the internship commenced after completion of at least five years of academic education and training for a psychologist and at least four years of academic education and training for a Registered Counsellor or Psychometrist.

3. The following documents must be submitted to the Professional Board for Psychology at the address provided in (5) below:

3.13 The following administration fees are payable:

3.12.1 Application for registration as a psychologist: R4990, 00
3.12.2 Application for registration as a registered counsellor/Psychometrist: R3000, 00
3.12.3 Oral Examination Fee R4000.00

Our banking details are as follows:

Bank: ABSA
Branch: Arcadia
Branch Code: 33 49 45
Account number: 061 00 00 169 (Other monies)
Swift Code: ABSAZAJJ (International Payments)

4. Further requirements

A copy of the guidelines relating to the registration of Psychologists, Registered Counsellor and Psychometrists is attached hereto. Applicants are advised to acquaint themselves with the requirements laid down by the Board before completing the application form.

Applicants will be required to:

4.1 successfully complete an approved full-time internship at an approved institution/organisation, the duration of the internship will be determined by the Board;

4.2 pass the Board’s National Examination;

4.3 successfully complete 12 month’s community service in terms of section 24A of the Health Professions Act. In order to register with the Health Professions Council of South Africa (HPCSA), foreign qualified non-South African citizens are required to submit a letter from the National Department of Health, offering them a community service post.

Revised May 2016
4.4 in the case of South African foreign qualified citizens perform community service in terms of section 24A of the Health Professions Act in respect of the professions for which community service applies.

5. **Address and enquiries**

Duly compiled applications or written enquiries may be sent to:

The Registrar  
HPCSA  
P O Box 205  
PRETORIA  
0001

**NOTES:**

(a) The application for registration first has to be approved by the Professional Board for Psychology prior to commencement of an internship programme.

(b) Incomplete applications will be returned to the applicants.

(c) No application will be considered without all the required documentation and proof of payment of an administration fee being submitted.
THE PROFESSIONAL BOARD FOR PSYCHOLOGY  
HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA  
APPLICATION FORM FOR FOREIGN QUALIFIED PRACTITIONERS  
REGISTRATION AS A PSYCHOLOGIST  
REGISTERED COUNSELLOR / PSYCHOMETRIST

Please send a duly completed form to: The Registrar, Health Professions Council of South Africa,  
P O Box 205, PRETORIA 0001 or 553 Vermeulen Street, Arcadia, Pretoria, 0083

ANNEXURE A

CONTACT DETAILS – please use block letters

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<th>Prof/Dr/Mr/Mrs/Ms</th>
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<td>Surname:</td>
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<td>Previous surname:</td>
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<td>First Name:</td>
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<td>email</td>
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| Gender: | | |
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| Male | Female |

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<th>Marital Status:</th>
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<tr>
<td>Divorced</td>
<td>Married</td>
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| Race*: | | |
|--------|---|
| Coloured | African | White | Other: |

*For statistical purposes only
### Postal Address

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<tr>
<th>Postal Address</th>
<th>Postal Code:</th>
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<tr>
<th>Physical Address</th>
<th>Postal Code:</th>
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### WHAT CATEGORY OF REGISTRATION ARE YOU APPLYING FOR?

<table>
<thead>
<tr>
<th>Psychologist</th>
<th>Registered Counsellor</th>
<th>Psychometrist</th>
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- Clinical Psychologist
- Educational Psychologist
- Counselling Psychologist
- Industrial Psychologist
- Research Psychologist

Revised May 2016
### QUALIFICATIONS

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

### THESIS OR DISSERTATIONS

- **Qualification**:
- **Title of thesis or dissertations**:
- **Supervisor**:
- **Supervisor External**:
- **Qualification**:
- **Title of thesis or dissertations**:
- **Supervisor**:
- **Supervisor External**:

### INTERNSHIP COMPLETED

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

### EMPLOYMENT

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

Revised May 2016
<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Nature of appointment held</th>
<th>From</th>
<th>To</th>
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**DECLARATION**

I declare that the information given in this form and any supporting documentation is true and accurate.

Signed: ______________________________ Date: __________/_______/_______

**ANNEXURE B: ATTESTATION OF EXPERIENCE BY SUPERVISOR**

(Please print or type)

**INSTRUCTIONS**

1. Complete section 1. Enter your name as it appears on your application (Annexure A of form 91).
2. Send this form to your supervisor who should complete section 2 and return the form directly to: The Registrar, HPCSA, P O Box 205, Pretoria, 0001, Republic of South Africa.
3. If the supervisor should have any reservations about the applicant's professional competence, professional conduct or moral character, please explain in a letter addressed to the Registrar at the same address.
4. If private practice experience is submitted, Annexure C of this form must also be completed and returned by your supervisor.

**Section 1** (To be completed by candidate)

Dr/Mr/Mrs/Ms: ________________________________________________________________
Surname: _________________________________________________________________
First names: ______________________________________________________________
Date of birth: ____________________________ 19 …………..
Postal address: ____________________________________________________________
___________________________________________________________Postal Code………
City: _________________________________________________________________

Revised May 2016
Section 2 (To be completed by supervisor only)(Please print)

A. 1. Name of internship institution: ..........................................................................................................................................

2. Address of institution: ...........................................................................................................................................................

3. Nature of employment

☐ Corporate/Industrial institution
☐ Municipal institution
☐ Private institution
☐ Private or consultative practice (Also to complete Annexure C)
☐ Research institute
☐ State institution
☐ Programme development and application ......................................................................................................................................

4. Name of qualified psychologist responsible for design, co-ordination, integrity and quality of the candidate's practical training: ........................................................................................................................................

5. Particulars of supervisor:

Name: ..............................................................................................................................................................

Title: ..............................................................................................................................................................

Postal address: ..............................................................................................................................................................

...........................................................................................................................................................................................

Category of registration: ..............................................................................................................................................................

Date of registration: .............................................................................................................................................................. 19 .......

Revised May 2016
B. Attestation of candidate’s employment –

1. Attendance on site

<table>
<thead>
<tr>
<th>FULL-TIME (35 hours or more per week)</th>
<th>Date commenced</th>
<th>Date completed</th>
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<tbody>
<tr>
<td></td>
<td>Day</td>
<td>Month</td>
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<th>PART-TIME</th>
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<tr>
<td>Hours per week</td>
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<td>16</td>
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<td>20</td>
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<td>24</td>
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<td>30</td>
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<td>32</td>
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</tbody>
</table>

2. Employment duties: (State percentage of time in each job duty)

Direct duties
(a) Educational/Vocational planning ............................. %
(b) Interviewing: .................................................. %

(Client population: ..........................................................................................)
(c) Psychotherapy ............................................................... %
(d) Testing/Assessment ..................................................... %
(e) Other intervention ...................................................... %

(Specify ..............................................................................................................)

Other duties
(a) Administration ............................................................. %
(b) Assessment ................................................................. %
(c) Ethical matters ........................................................... %
(d) Personnel selection and management ............................ %
(e) Programmatic application .............................................. %

(Specify ..............................................................................................................)
(f) Research ..................%  
(g) Teaching ..................%  
(h) Other ..................%  

(Specify............................................................................................................................)

3. Frequency of supervision: (Mark where applicable)

<table>
<thead>
<tr>
<th>Type of supervision</th>
<th>One hour</th>
<th>Two hours</th>
<th>Other (Specify)</th>
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<td></td>
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<td></td>
<td>Weekly</td>
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<td>Weekly</td>
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</table>

Group supervision  
Individual face to face  
Lectures  
Seminars  
Other (Specify)

Duration of supervision: From: Date: …………… Month:………………………….. Year: ……………
To:     Date ………………. Month: …………………………. Year ……………

________________________________________  
Attested by:  
Signature (please print name)
THE PROFESSIONAL BOARD FOR PSYCHOLOGY
HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

VERIFICATION FORM

ANNEXURE C

A. PERSONAL DETAILS – please use block letters

<table>
<thead>
<tr>
<th>Prof/Dr/Mr/Mrs/Ms</th>
<th>Surname:</th>
<th>Previous surname:</th>
<th>First Name:</th>
<th>ID number:</th>
<th>Date of Birth:</th>
<th>Country of origin:</th>
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Postal Address

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<tr>
<th>Telephone number</th>
<th>Facsimile number</th>
<th>Cell number</th>
<th>Email Address</th>
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SIGNATURE:………………………………………..Date:……………………………….20………………………..

B. TO BE COMPLETED BY THE UNIVERSITY/ COLLEGE

Name of the University/ College........................................................................................................

It is hereby certified that .................................................................................................................. completed a directed
Masters / Honours programme in Psychology.

Status:   [ ] Full- time   [ ] Part-time   [ ] On-line/Correspondence

He/she is registered as a student for the term which began on ......................................................and

Ended on.................................................. According to our records he / she graduated on .........................

WE RECOMMEND him/her for registration   ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

_________________________________________  ________________________________
SIGNATURE  DATE
<table>
<thead>
<tr>
<th>Documents received</th>
<th>Yes</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy of degree certificate - Notarised</td>
<td></td>
<td></td>
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<tr>
<td>Sworn Translation in English (If applicable)</td>
<td></td>
<td></td>
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<tr>
<td>Proof of Internship Training</td>
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<td></td>
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<tr>
<td>Annexure A, B and C</td>
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<tr>
<td>SAQA Certificate of Evaluation</td>
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<tr>
<td>Proof of citizenship, Passport or Identity Document</td>
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<tr>
<td>Letter issued by Foreign Workforce Management</td>
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<tr>
<td>Proof of registration with regulatory board from country of origin.(If Applicable)</td>
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<td>Proof of payment in respect of Administration Fee</td>
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COMMENT:

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