



553 Madiba Street  
Arcadia  
Pretoria

PO Box 205  
0001 PRETORIA

Tel: +27 (12) 338 9380  
Fax: +27 (12) 338 9380  
Email: RCTBoard@hpcsa.co.za  
Website: www.hpcsa.co.za

**Department:** Office of the Registrar  
**Designation:** Deputy Company Secretary  
**Reference:** RCT Board

**APPLICATION FOR SPECIAL BOARD ULTRASOUND EXAMINATION FOR DIAGNOSTIC RADIOGRAPHERS WHO HAVE HAD INFORMAL ULTRASOUND TRAINING AND ARE CURRENTLY CONDUCTING SUCH EXAMINATIONS**

Dear Practitioner

Please be advised that the Professional Board for Radiography and Clinical Technology (PBRCT – herein after referred to as the Board) approved National Diploma and Bachelor’s degree in Diagnostic Radiography, offered in South Africa, do not include exit level outcomes for ultrasound. Radiographers who hold these Board approved qualifications – Diploma or Bachelor’s degree in Diagnostic Radiography – are thus, not certificated to practice in the category of ultrasound.

Any Radiographer who then, performs ultrasound acts and procedures whilst registered in the category Diagnostic and whilst not deemed, in terms of regulation 2(1)(e) of the Regulations relating to the qualifications for the registration of Radiographers as published under Government Notice No. R. 633 in *Government Gazette* No. 30075 of 20 July 2007 (“the registration regulations”); to be registered in the category ultrasound or both diagnostic and ultrasound, commits unprofessional conduct. Such a person, practices outside his / her scope of the profession and:

1. contravenes rule 21 of the *Ethical Rules of conduct for practitioners registered under the Health Professions Act, 1974 as published, under Government Notice No. R. 717 in Government Gazette No. 29079 of 4 August 2006* and,
2. practices without registration in a profession that is registrable in terms of the *Health Professions Act, 1974 (Act No. 56 of 1974)* (“the Act”) and therefore, contravenes section 17 of the Act.
3. is therefore, criminally liable on conviction to imprisonment for a period not exceeding 12 months or to a fine or to both imprisonment and a fine.

*Protecting the public and guiding the professions*

President: Dr TKS Letlape, Vice President: Mr LA Malotana, Acting Registrar: Dr MA Kwinda

The Board wishes to extend a once-off amnesty to any radiographer currently performing ultrasound, who was registered in the category diagnostic after 01 January 1994, and is not deemed to be registered in the category ultrasound in terms of the registration regulations, and who is therefore not permitted to perform ultrasound acts or procedures (See eligibility criteria in *Form 301 A – “Guidelines for the special board examination of qualified diagnostic radiographers to obtain approval to continue performing limited ultrasound practice areas, under supervision without being registered in the category: ultrasound”*). These persons may:

1. Apply to undertake the Special Board Ultrasound Examination that will enable the practitioner to obtain Board approval to continue practicing in their limited ultrasound practice area/s under supervision, by completing Section A and B of the attached application form; OR
2. Apply to be exempted from undertaking the Special Board Ultrasound Examination that will enable the practitioner to continue practicing in their limited ultrasound practice areas under supervision, by completing Section A and C of the attached application form.

The Board extends this once off amnesty to undertake the Special Board Ultrasound Examination to radiographers who hold any Board approved qualification in the category diagnostic radiography (such as a National Diploma, B Tech and 3-year Bachelor Degree in Diagnostic radiography) and who; by virtue of having acquired informal education and training in the category of ultrasound in the form of; short courses (including those offered by higher education institutions), workshops and or in-house training, began practicing in the category of ultrasound during the period of 01 January 1994 to 31 December 2019 and are still practicing such examinations in their current workplace.

The Board will provide approval for radiographers who undertake and successfully complete the special Board ultrasound examination to continue performing in their limited ultrasound practice area/s under supervision. However, radiographers who wish to be exempt from undertaking (i.e. choose not to undertake the exam) the special Board ultrasound examination **must cease practising in the category of ultrasound with immediate effect** as, failure to do so will amount to professional misconduct.

Please pay careful attention to the information and instructions in *Form 301A – “Guidelines for the special Board examination of qualified diagnostic radiographers to obtain approval to continue performing limited ultrasound practice areas, under supervision without being registered in the category: Ultrasound”* as well as the Logbook and “*Frequently Asked Questions*” (FAQs). These may be found on the Board’s website under the section on “Examinations”.

Yours sincerely

**MS V LUKHOZI**  
**DEPUTY COMPANY SECRETARY**

---

*Protecting the public and guiding the professions*

President: Dr TKS Letlape, Vice President: Mr LA Malotana, Acting Registrar: Dr MA Kwindu



FORM: 301 B

**PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY**
**APPLICATION FOR THE SPECIAL BOARD ULTRASOUND EXAMINATION**

Please use block letters and return to: The Registrar, P O Box 205, Pretoria, 0001

553 Madiba Street, Arcadia, Pretoria

Email: [rctexams@hpcsa.co.za](mailto:rctexams@hpcsa.co.za)

This application form is to be completed by all eligible diagnostic radiographers who commenced practicing ultrasound during the period 1 January 1994 to 31 December 2019 and have been practicing ultrasound in their workplace since then, **without a formal qualification** prescribed by the RCT Board for registration in the category: ultrasound.

All the required supporting documentation must be submitted with this application form. **Please note that if any false or incorrect information is provided on this form you will be disqualified from participating in the special Board ultrasound examination and you will then be required to cease practicing ultrasound with immediate effect.**

**Section A and Section B**

Is to be completed by an eligible diagnostic radiographer who is currently practicing ultrasound under supervision of a registered sonographer or radiologist, and;

1. who commenced practicing ultrasound during the period 1 January 1994 and 31 December 2019 and is still practicing such examinations in the workplace without a qualification prescribed for registration in the category ultrasound and,
2. who has received Informal education and training in ultrasound in the form of short course(s) (including those offered by higher education institutions), workshops and or, in-house training and,
3. who intends to undertake the special Board ultrasound examination that will enable the practitioner to obtain Board approval to continue performing in the limited ultrasound practice area/s under supervision.

**Section A and Section C**

Is to be completed by a diagnostic radiographer who is currently practicing ultrasound under supervision of a registered sonographer or radiologist,

1. who commenced practicing ultrasound during the period 1 January 1994 and 31 December 2019 and is still practicing such examinations in the workplace without a formal qualification that is prescribed for registration in the category ultrasound and,
2. who has received Informal education and training in ultrasound in the form of short course(s) (including those offered by higher education institutions), workshops and or, in-house training and,
3. who does not wish to undertake the Special Board Examination that will enable the practitioner to obtain Board approval to continue performing limited ultrasound practice area/s under supervision.

**PLEASE NOTE:** all diagnostic radiographers who have been practicing ultrasound during the period 1 January 1994 to 31 December 2019, without a qualification prescribed for registration in the category ultrasound and who are working independently and do not intend to undertake the Special Board Ultrasound Examination, **must cease practicing ultrasound in the workplace with immediate effect** (i.e. from the date of signing this document). Failure to cease practicing will be deemed to be professional misconduct, punishable in accordance with the Health Professions Act 56 of 1974.

**SECTION A****PERSONAL PARTICULARS**

Title (Mr, Mrs, Ms, Miss, Rev, Dr, Prof): .....

Maiden Name: ..... Surname.....

First Names: ..... Identity No.....

Postal Address: .....

..... **Post Code:** .....

Residential Address.....

..... **Post Code:** .....**PROVINCE**.....

Tel (H): .....(W): .....

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

Email: .....

**HPCSA Registration number:**.....**Category or registration** (e.g. Independent Practice / Private Practice / Community Service) .....**SECTION B****APPLICATION FOR THE SPECIAL BOARD ULTRASOUND EXAMINATION****DETAILS OF ULTRASOUND QUALIFICATIONS/TRAINING**

*Please provide details of any qualifications and/or informal education and training that you have obtained in the field of ultrasound that has led you to practice ultrasound in your workplace.*

Did you obtain a qualification prescribed by the Board for registration in the category ultrasound? (i.e. a Diploma, BTech or Bachelor's degree in ultrasound)

Yes / No): \_\_\_\_\_

**If "YES", please complete the Table below.**

**Formal Board Approved Ultrasound Qualifications (these do not include short courses):**

Name of ultrasound (US) Qualification – e.g. National Certificate in US, National Diploma, Bachelor's Degree, B Tech.	
Duration of the training in years	
Dates of training (e.g. 2003 – 2005)	
Name of Higher Education training Institution	
Year of graduation	
Did you register the qualification with the RCT Board of the HPCSA? (Yes/No)	

**If you answered “NO” to the question above relating to Formal Ultrasound Qualifications, please complete the table below.**

**Informal ultrasound training received:**

Did you receive any type of informal education and training in ultrasound (Yes/No)	
If “Yes” state the type of training – e.g. in-house, workshop, short course, etc.	
How long was the training you received - days/weeks/months?	
State the dates of the training	
Who provided the training? (provide details) Name of training institution/ company	
Contact person	
Contact telephone	
Did the informal education and training in ultrasound require you to write a theory examination? (Yes/No)	
If “yes” who set the examination paper?	
Did the informal education and training in ultrasound require you to be clinically assessed? (Yes/No)	
If “Yes”, who assessed you?	
Did you register any of this informal education and training you received in ultrasound with the RCT Board of the HPCSA?	

**AREAS OF PRACTICE/COMPETENCE**

Please provide details of your current workplace and the areas of ultrasound in which you are practicing.

Name of current workplace: .....

Address of current workplace: .....

Do you own a private diagnostic practice?.....

If "Yes" what is the name of your practice?.....

How long have you (the applicant) been practicing ultrasound? (years /months): .....

Please specify dates (e.g. from 1994 - 2004): .....

Please indicate in the table below the areas of ultrasound in which you have been practicing since before 31 December 2019 **AND are still currently** practicing. No **new** practice areas may be added AFTER 31 December 2019.

Please rate your perceived level of your own competence in each area of practice. Mark as N/A if you are not practicing in a particular area.

<b>Area of practice and Perceived level of your own competence:</b>	<b>Excellent</b>	<b>Good</b>	<b>Poor</b>
Abdomen			
Breast ultrasound			
Doppler- Peripheral venous			
Echocardiography			
First-trimester obstetrics			
Second-trimester obstetrics			
Third-trimester obstetrics			
Gynaecology			
Musculoskeletal			
Neonatal neurosonography			
Small parts- thyroid and scrotum			
Interventional ultrasound- marking of fluid for drainage			
Other, please specify			

Did you practice ultrasound under supervision (Yes/No) .....

Does your ultrasound supervisor work at your current place of employment (Yes/No): .....

If (No) please provide the name of the clinical practice and physical address of your ultrasound supervisor:

Name of supervisor's practice/workplace:.....

Full physical address of supervisor's practice/workplace: .....

.....

Please provide the details of your ultrasound supervisor.

Full name of ultrasound supervisor.....

HPCSA registration no: ..... Category of registration:.....

Contacts details: (W):.....(Cell):.....

(email): .....

ID number of ultrasound supervisor:.....

Qualification of the ultrasound supervisor: .....

Occupation/designation of the supervisor: .....

**PREFERED EXAMINATION LOCATION**

*The special Board ultrasound examination will be held in any of the four Provinces indicated below. Please select the provinces that you would prefer as the examination location in order of preference (i.e. 1, 2, 3, 4). Please note that the locations and venues will depend on numbers and availability and will be confirmed closer to the time of the examination.*

Gauteng: ..... Eastern Cape: .....

Western Cape: ..... KwaZulu-Natal:.....

**SUPPORTING DOCUMENTATION**

- 1. Certified copy of any ultrasound certificate/s, diploma qualification (as applicable) + Diagnostic qualifications
- 2. Proof of payment of administration fee of **R 3000,00** and **examination of R 2860 fee as prescribed by council**; examination fees are subject to annual increase on 1 April of each year.  
Banking details are

Bank: ABSA  
 Branch: Arcadia  
 Branch Code: 33 49 45  
 Account number: 061 00 00 169 (Other monies)  
 Swift Code: **ABSAZAJJ** (International Payments)  
 Kindly use your HPCSA registration number as reference:

- 3. A clear Copy of Identity document or birth certificate.

**DECLARATION BY APPLICANT**

I ..... (full name), hereby swear and declare that I am the person mentioned in the attached documents submitted by me in support of my application for the special Board ultrasound examination, and that all the said documents were granted to me and are my own lawful property. Further, I declare that I have never been convicted of any criminal offence or been excluded or barred from practicing in any country by reason of misdemeanor or professional misconduct, and that, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present. I swear that all information provided in this document is true and accurate.

**SIGNATURE: (Applicant)** .....

**Date: Signed on this** ..... **day of** ..... **20** .....

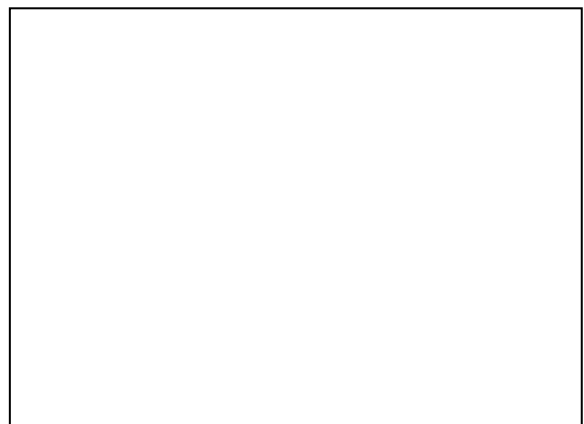
**SWORN BEFORE ME: (Name)** .....

**At** ....., **on this** ..... **day of** ..... **20**.....

**SIGNATURE:** .....

**COMMISSIONER OF OATHS/JUSTICE OF PEACE** for the district of .....

**ORIGINAL STAMP OF COMMISSIONER OF OATHS**





**DECLARATION BY SUPERVISOR**

I, the undersigned, employer/supervisor at the aforementioned facility, hereby certify that;

- 1. The said diagnostic radiographer has been in employment of his/her current workplace (i.e **this** facility) for the periods specified in Section B.
- 2. He/she is currently practicing ultrasound in the area/s of practice as specified in section B under my supervision and that all information furnished herein is correct.

I ..... (full name), hereby swear and declare that I am the person mentioned in the attached documents Further, I declare that I have never been convicted of any criminal offence or been excluded or barred from practicing in any country by reason of misdemeanor or professional misconduct, and that, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present.

**SIGNATURE: (Supervisor)** .....

**Date: Signed on this** .....**day of** .....**20** .....

***Official stamp of the Clinical Facility where supervised practice was performed.***

## SECTION C

### APPLICATION FOR EXEMPTION FROM SPECIAL BOARD ULTRASOUND EXAMINATION

*To be completed by a diagnostic radiographer who commenced and has been practicing ultrasound during the period 1 January 1994 to 31 December 2019 and is still practicing without a Board approved, registrable qualification and who does not wish to participate in the special Board ultrasound examinations.*

I ..... (Full name) hereby declare that I possess a qualification in diagnostic radiography and have been practicing ultrasound in my workplace without a Board approved ultrasound qualification, having commenced this practice during the period between 1 January 1994 and 31 December 2019, but **do not wish** to take part in the Special Board Ultrasound Examination.

By not participating in the special Board ultrasound examination, I fully understand and agree that I must cease practicing ultrasound in the workplace with immediate effect (i.e. from the date of signing this document). I also understand that any violation of this agreement will be deemed to be professional misconduct, punishable in accordance with the Health Professions Act 56 of 1974.

**Signature:** ..... **Date:** .....

#### **Witnesses:**

1) (Name) ..... **Date:** .....

..... **(Signature)**

2) (Name) ..... **Date:** .....

..... **(Signature)**

***NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.***

Updated/Board / 09-02-2021)