



**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**  
**CERTIFICATE OF COMPETENCE: DENTAL THERAPISTS**  
**APPLYING FOR APPROVAL TO PRACTISE PRIVATELY**  
**FOR PRACTITIONERS WHO OBTAINED A QUALIFICATION AFTER 1993**

This duly completed application must be forwarded or delivered to:  
 The Registrar, P O Box 205, Pretoria, 0001 / 553 Madiba Street, Arcadia, Pretoria 0083

Registration Number:  
 TT: .....  
 Date Qualification Obtained:  
 .....

**Form 189**

**PERSONAL INFORMATION OF APPLICANT**

Title: ..... Initials & Surname:.....  
 Postal Address: .....  
 Tel No: ..... Fax No: ..... E-mail: ..... Cell No: .....

Name of Hospital(s) / Clinic(s):	Address

I/we the undersigned Dentist(s)/Senior Dental Therapist(s) of the abovementioned Hospital(s) hereby certify that: ..... (Name of applicant) practised in accordance with the ethical rules published as Government Notice No. R.717 of 04 August 2006, in the Oral Health Section of this Institution(s) for the periods specified, and that during these periods he/she was professionally competent.

**NOTE:**

- (i) If the certificate is qualified to the effect that the service of the Dental Therapist was not satisfactory, a detailed statement should be submitted by the Dental Head and/or the Superintendent of the Hospital(s)/Clinic(s) or supervisor in the case of a practice as to the reasons why the service is considered unsatisfactory.
- (ii) In order to register in the category "independent practice", the applicant must be registered with the HPCSA in the category "supervised practice" and have worked under supervision of a dentist, dental specialist, dental therapist, who is registered with the HPCSA for at least 3 years (uninterrupted registration) and dental therapists must be registered in the category "independent practice" in order to supervise.
- (iii) Original form signed and stamped by the supervisor/employer stamp will be accepted for registration

1.	Supervised practice in Dental Therapy	Period		Name of Dentist/Dental Therapist (Please Print)	Signature and Date	Tel No
		From	To			
						OFFICIAL STAMP
2.	Leave Taken					
2.1	Ordinary Leave					
2.2	Sick Leave					