

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PRINT and return the ORIGINAL FORM to:

The Registrar, PO Box 205, Pretoria 0001 **by registered mail for ease of tracking mail.**
553 Madiba Street, Arcadia, Pretoria 0083

A. ISSUED BY:

Name of Training Institution:

Full Postal
address:

Postal code:

Tel (H):

(W):

Cell:

Fax:

Email:

SIGNATURE:

Date:

20

B. DECLARATION

It is hereby certified that (Mr/Mrs/Miss) Candidate's full names oand surname:

Was TRAINED at this instituion from20..... to20.....

And he/she

Passed the Orthopaedic Footwear Board Exam

OB

Underwent practical training of a minimum of three years as set out in in Rules for the registration of Orthopaedic Footwear Technican and that his service was satisfactory

OB

Underwent practical training of a minimum of tow years as set out in in Rules for the registration of Orthopaedic Technical Assistant and that his service was satisfactory

OSA

1. SIGNATURE: HEAD OF THE DEPARTMENT/SECTION OF THE ACCREDITED INSTITUTION

Name: Please Print**Date:**20

2. SIGNATURE: HEAD: MEMBER OF PROFESSIONAL BOARD/MOP

Name: Please Print**Date:**20

- Delete where not applicable. If the candidate's service was not satisfactory, a detailed explanations, setting out the reasons, should be submitted. This explanation must be signed by persons 1 and 2.