

PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS
GUIDELINES FOR REGISTRATION OF
FOREIGN QUALIFIED OPTOMETRISTS AND DISPENSING OPTICIANS

These guidelines are for those applicants who hold foreign qualifications and wish to register with the Professional Board for Optometry and Dispensing Opticians in South Africa.

1. Professional Studies

- 1.1 An applicant must hold a qualification equivalent to the recognised South African qualification.
- 1.2 The minimum period of education must correspond with the education required from candidates qualifying in South Africa.

2. Practical /Professional Experience

Each applicant must also submit official documentary evidence of having completed full-time practical and/or professional experience as required by the qualification.

3. Applications

The following documents must be submitted to the Professional Board at the address provided in (4) below:

- A. The application form completed fully.
- B. **The documents stated below to be certified by an attorney in his/ her capacity as Notary Public and bearing the official stamp. NB: Copies certified by a Commissioner of Oaths will not be accepted.**
 - Copies of all degree/diploma certificates or similar academic qualifications, including the relevant practical training requirements.
 - Original transcripts of academic record issued by your educational institution indicating course content of each qualification referred to above.
 - A Certificate of Evaluation of academic qualifications issued by the South African Qualifications Authority (SAQA).
 - A clear copy of a valid Passport or Identity Document as proof of current citizenship.
 - A recent original Certificate of Status (Certificate of Good Standing) issued by the foreign registration authority where the applicant is currently registered, indicating that the applicant is in good standing. The certificate must have been issued within the preceding three months.
 - A certificate from the International English Language Testing System (IELTS) demonstrating the applicant's proficiency in English if the qualification was obtained in any other language except in English. An overall Band score of 6 must be obtained, with the exception of the 'Speaking' section, where a score of a minimum of 7 must be obtained.
 - An up to date Curriculum Vitae (CV) clearly detailing the applicant's work experience or employment history.
 - A letter from the previous employer/s confirming employment as per CV. In a case where the applicant had his or her own practice, an affidavit/ certified letter on a letterhead with confirmation by one (1) witness is required to provide evidence that the applicant has been practicing;
 - A letter of endorsement in support of the application for registration issued by the Foreign Workforce Management Programme (FWMP) of the National Department of Health (Form 176 DOH attached hereto for this purpose). Applications should be directed to The Programme Manager, FWMP, National Department of Health, Private Bag X828, Pretoria, 0001, RSA (Civitas Building, 222 Thabo Sehume Street).
 - Applicants may be required to submit any other document in addition to the above minimum requirements, which may assist the Board to review the application objectively.

4. **Address/Enquiries**

Duly compiled applications or written enquiries may be sent to:

The Registrar
HPCSA
P O Box 205
PRETORIA
0001

5. No application will be considered without all requested documentation being submitted.
6. Applications for registration are submitted to the Education, Training and Registration Committee of the Professional Board for consideration at pre-scheduled meetings. A response on the outcome of an application can only be given after an Education, Training and Registration Committee meeting has been held.

APPLICATION FOR REGISTRATION AS:

Category:

1. Title: (Dr/Mr/Mrs/Miss): Surname:

2. Maiden name:.....

3. First name(s):

4. Date of birth:Birth Place:

5. Postal address:

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Tel. (Work):(Home):

E-mail address:..... Cell:.....

6. Present employer:

Position/appointment held:

7. Qualifications

Name of Degree/Diploma	University/Training Institution where degree/qualification was obtained	From		To	
		Month	Year	Month	Year

8. Practical Training (Completed concurrent with or after completion of professional education)

Name of Institution	Category in which training was completed	From		To	
		Month	Year	Month	Year

9. Professional Experience (In chronological order)

Name of institution	Nature of appointment held	Full-time/part-time	From	To	Total period in months	Enclosed documentary evidence marked A, B, etc

10. Any other relevant facts which the applicant wishes to bring to the attention of the Professional Board:

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I accept that my application may be delayed should I fail to submit all the relevant documentation or to provide the relevant information.

Signature: Date:

(Refer to paragraph 3 of the form for documentation to be attached to this application.)

21/07/2020