

**HEALTH PROFESSIONS COUNCIL
OF SOUTH AFRICA**

**PROFESSIONAL BOARD FOR OPTOMETRY AND
DISPENSING OPTICIANS**

APPLICATION FOR APPROVAL OF A MOBILE PRACTICE

SECTION A: THE APPLICATION PROCESS

1. This is the application form which should be submitted to the Board when applying for approval of a mobile practice.
2. Applications for approval of mobile practices will only be considered and approved by the Board in accordance with:
 - a. The ethical rules of conduct for practitioners registered under the Health Professions Act, 1974, as amended
 - b. Guidelines of the Professional Board for Optometry and Dispensing Opticians on vision screening, itinerant practices and mobile clinics.
3. The application form must be completed in full and honestly.
4. The practice could be investigated or inspected by the Board prior to approval, and from time to time thereafter. Action will be taken if a practitioner fails to comply with the stipulations in the ethical rules and ethical principles applied by the Board and Council.
5. The approval granted by the Board for mobile practice is **valid for two (2) years only**.
6. Operating a mobile practice without having obtained the Board's approval will result in appropriate action being taken against the practitioner.
7. The application form must be submitted together with the following documents:
 - Completed equipment checklist
 - Completed equipment maintenance register
 - Sample of record card to be used

SECTION B: PARTICULARS OF APPLICANT

Title: _____

Initials and Surname: _____

HPCSA Registration Number: _____

Postal Address: _____

Name of Practice: _____

Practice Address: _____

Practice Tel Number: _____

Cell phone number: _____

Fax Number: _____

E-mail address: _____

SECTION C: PARTICULARS OF MOBILE PRACTICE

- a. Definition of the area/areas where mobile practice will be operated (Province, town/city, village/location/suburb):

- b. Physical Address of the area/areas where mobile practice will be operated:

c. Distance in kilometres from the established practice to the area/areas where mobile practice will be operated:

d. State the specific motivation for the need of a mobile practice in your chosen area/areas; Tick the appropriate reason:

No Optometry services at the Hospital in the area		No eye health practice nearby	
Request by company/organization Provide the following: <ul style="list-style-type: none"> • The reasons for the request • Is it a once off arrangement or ongoing 		To reach-out to the community and also expand business	
Other		Provide explanation if other: <hr/> <hr/> <hr/> <hr/>	

e. Provide the following information:-

1. Brief description of the mobile unit/service for which approval is being sought (vehicle/ permanent structure).

If vehicle - provide type of vehicle and registration number:

If permanent structure – Name of the place (school/organization):

2. How will be equipment be packaged or stored while in-transit?

3. Schedule for mobile eye care services to identified areas (Provide month/s, day/s & operation time/s), including the after care plan:

4. Names and HPCSA registration numbers of other Optometrists who will be involved in rendering of the mobile eye care services?

5. Closest optometric or other eye care private practice or facility (Provide name, address and distance in kilometres from area/s that this application will cover)

6. Closest state facility providing eye care services (Provide name, address and distance in kilometres from the area/s that this application will cover).

SECTION D: OTHER INFORMATION:

Please provide any other relevant information pertaining to the application.

SECTION E: DECLARATION

I, _____, in my capacity as
(Full names and Surname)

_____ in relation to the mobile
practice referred to above understand, confirm and agree that –

- a. approval of this application for conducting mobile practice is based on information provided by me as applicant, and I undertake to furnish the Board with any other additional information as may be required and to inform the Board should any of the particulars detailed above change;
- b. the practice has been designed and will operate in accordance of the appropriate HPCSA regulations.
- c. I will at all times abide by the ethical rules of conduct for practitioners registered under the Health Professions Act, 1974, and as emended;
- d. the practice could be investigated or inspected by the Board from time to time and action taken if it fails to comply with the stipulations in the ethical rules and ethical principles of the Board and the Health Professions Council of South Africa.

Signature: _____

Date: _____

Witness (Signature): _____

Date: _____

SECTION D: APPLICATIONS FOR APPROVAL OF MOBILE PRACTICE

Duly compiled applications or written enquiries may be addressed to the Registrar and posted to HPCSA, P O Box 205, Pretoria, 0001; or hand delivered to: the HPCSA, 553 Madiba Street, Arcadia, Pretoria; or faxed to: 012 338 9421; or emailed to: modernr@hpcsa.co.za