



APPLICATION FOR RESTORATION OF NAME TO THE REGISTER IN TERMS OF SECTION 19(5) OF THE HEALTH PROFESSIONS ACT, 1974 (ACT No. 56 OF 1974)

Form 18 PPB

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please **PRINT** and return the **FORM** to:
The Registrar, PO Box 205, Pretoria 0001
553 Vermeulen Street, Arcadia, Pretoria 0083

FOR OFFICE USE ONLY

A. PERSONAL PARTICULARS

HPCSA Registration Number:

I, (Dr, Mr, Mrs, Miss) Surname:

Maiden name (if applicable):

First names: Identity No.:

Postal address:

Postal code:

Residential address:

Postal code:

Tel (H): (W):

Cell: Fax:

Email:

* Marital Status: Divorced Married Single Gender: Male Female

* Race: Asian African Coloured White Country of origin:

I request that my name be restored to the register of for the Republic of South Africa and hereby make oath and declare that I was registered as a with the registration number My name was erased from the register under Section 19 of the Act.

I also declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country 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: **DATE:**

PRACTITIONER

Received on

Amount

Receipt No.

Date restored:

CAPTURED

DATE

VERIFIED

DATE

Bank Details:

HPCSA
 Bank: **ABSA**
 Branch: **Arcadia**
 Branch code: **334945**
 Acc. No. **061000169**

ORIGINAL OFFICIAL STAMP OF COMMISSIONER OF OATHS

SIGNATURE **DATE**

TO BE COMPLETED BY COMMISSIONER OF OATHS

** If you are unable to make the declaration in this paragraph, the Council requires full particulars of the reason for your inability to do so in order to consider the application.

B. The following is submitted in support of my application:

1. The amount of in respect of my application for restoration.
2. A copy of my marriage certificate (should you wish to register in your married surname).

Please fax your application form and proof of payment to (012) 328 5120

* Please complete for statistical purposes.

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.

**FURTHER DOCUMENTATION TO BE SUBMITTED IN ADDITION
TO THE REQUIREMENTS REFLECTED ABOVE**

Restoration following voluntary erasure or erasure due to non-payment of annual fees:

- A summary of activities, employment and non-employment within and outside the profession during the period of erasure (Template attached hereto).
- Original documentary evidence of work experience issued by the relevant employers. Evidence regarding experience and appointments held must specify the exact nature and extent of work performed and the periods during which the appointments were held
- A summary of CPD activities completed during the period of erasure as per the Continuing Professional Development policy of Council (Template attached hereto).
- Original documentary evidence regarding undergraduate and / or postgraduate studies since erasure from the register in South Africa (if applicable).
- If the applicant was registered outside South Africa since erasure of his/her name from the register, a recent original Certificate of Status (Certificate of Good Standing), indicating that the applicant is in good standing, issued by the foreign registration authority within the preceding three months.



Form 18 PPB
Application for Restoration

HEALTH PROFESSIONS OF SOUTH AFRICA
PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIOKINETICS
APPLICATION FOR RESTORATION OF NAME TO THE REGISTER

APPLICANT

Registration Number

Title (Mr, Mrs, etc.), Initials and Surname

Date of Erasure (For office use only)

SUMMARY OF ACTIVITIES, EMPLOYMENT OR NON-EMPLOYMENT SINCE ERASURE OF NAME FROM THE REGISTER:

Activities / Name of Institution	Nature of appointment held	From		To	
		Month	Year	Month	Year

SUMMARY OF ACTIVITIES, EMPLOYMENT OR NON-EMPLOYMENT SINCE ERASURE OF NAME FROM THE REGISTER:

Activities / Name of Institution	Nature of appointment held	From		To	
		Month	Year	Month	Year

CPD ACTIVITIES ATTENDED DURING PAST TWO YEARS

CPD ACTIVITY	LEVEL	NUMBER OF CEU'S
Total points		

FURTHER STUDIES UNDERTAKEN SINCE ERASURE OF NAME FROM THE REGISTER

QUALIFICATION / COURSE	NATURE AND RELEVANCE	DATE STARTED	DATE COMPLETED

DETAILS OF ADDITIONAL READING UNDERTAKEN SINCE ERASURE OF NAME FROM THE REGISTER

TITLE OF PUBLICATION	NATURE AND RELEVANCE	PERIOD

I hereby declare that the information contained in this document is to the best of my knowledge correct and accept that I may be required to meet specific requirements in order to have my name restored to the register.

SIGNATURE: APPLICANT	DATE
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