Form 18 F OCP **Portfolio Submission Form**	**HEALTH PROFESSIONS OF SOUTH AFRICA** **PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND PROSTHETICS AND ARTS THERAPY** **PORTFOLIO SUBMISSION FORM**

APPLICANT			
Registration Number			
Title (Mr, Mrs, etc.), Initials and Surname			
Date of Erasure (For office use only)			
Postal Address			
Telephone		Cell Number	
E-mail Address			

SUMMARY OF ACTIVITIES SINCE RESTORATION OF NAME TO THE REGISTER OF SUPERVISED PRACTICE

Name of Institution	**Nature of appointment held**	**From**		**To**	
		Month	**Year**	**Month**	**Year**

Acknowledgement: Assessment Criteria and Norms developed by the University of Cape Town's Division Occupational Therapy

SUPERVISING PRACTITIONER	
Title, Initials and Surname	
Registration number	
Registered with the HPCSA since	
Current employment	
Telephone	
Fax Number	
Cell Number	
E-Mail Address	

Acknowledgement: Assessment Criteria and Norms developed by the University of Cape Town's Division Occupational Therapy

SUMMARY OF ACTIVITIES

CONDITION / DIAGNOSIS / PROBLEMS ADDRESSED	ASSESSMENT	INTERVENTION MODALITIES	SIGNATURE: SUPERVISOR

Acknowledgement: Assessment Criteria and Norms developed by the University of Cape Town's Division Occupational Therapy

RELEVANT PROFESSIONAL DEVELOPMENT ACTIVITIES (CPD) ATTENDED SINCE RESTORATION OF NAME TO THE REGISTER OF SUPERVISED PRACTICE

ACTIVITY

I hereby declare that the information contained in this document is to the best of my knowledge correct and that the applicant meets the minimum requirements of the Board relating to clinical competence.

SIGNATURE: SUPERVISING PRACTITIONER	**DATE**
SIGNATURE: APPLICANT	**DATE**

2012-12-24 SR DJK

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