

**THE PROFESSIONAL BOARD FOR PSYCHOLOGY  
HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

**GUIDELINES AND APPLICATION FORM FOR FOREIGN QUALIFIED PRACTITIONERS  
APPLYING FOR REGISTRATION AS A  
PSYCHOLOGIST, REGISTERED COUNSELLOR OR PSYCHOMETRIST**

These guidelines are intended to assist an applicant who wishes to register as a Psychologist, Registered Counsellor or Psychometrist with the Professional Board for Psychology (hereafter referred to as the Board).

Registration as a psychologist can be obtained in one or more categories, namely: Clinical Psychologist, Counselling Psychologist, Educational Psychologist, Industrial Psychologist and Research Psychologist.

Please make sure you have included the following documents with your application. Failure to do so will result in your application being returned to you.

<b>CHECKLIST FOR COMPLIANCE – INITIAL REGISTRATION PROCESS</b>	<b>Please Tick</b>
<b>1. Form 91 duly completed</b>	
2. A certified copy of the applicant's identity document/passport.	
3. Copies of all degree certificates and transcripts certified by an attorney in his/her capacity as a <b>NOTARY PUBLIC</b> and bearing the official stamp and a sworn translation thereof into English ) (for practitioners from Non-English speaking countries).	
4. The calendar of the candidates educational institution, published in the year in which the candidate commenced his/her studies, indicating the syllabus of the programme completed.	
5. Annexure A, B and C fully completed.	
6. Supporting evidence – experience obtained, dates, places etc.	
7. Proof of registration with a foreign professional body/Lisencure. Original letter of good standing (not older than 6 months)	
<b>8. Qualification in another language</b> – submit letter from International English Language Testing System. Band score 6 (they can use and understand complex English fairly well).	

<p><b>9. Original valid letter of endorsement in support of the application for registration issued by the Foreign Workforce Management Program (FWMP) (Not applicable to SA citizens and Permanent Residence)</b> Contact the National Department of Health on <a href="http://www.health.gov.za/">www.health.gov.za/</a>)</p>	
<p><b>10. SAQA evaluation</b> ((Visit <a href="http://www.saqa.org.za/">http://www.saqa.org.za/</a> to get your foreign qualification evaluated Please note that HPCSA requirements are not replaced by the SAQA Certificate of Evaluation).</p>	
<p><b>11. Proof of Payment of administration fee.</b> Please note that this amount is non-refundable and does not guarantee registration.</p>	

Foreign qualified practitioners/ applicant should follow the following procedure:

- Step 1: Apply to the Board by submitting Form 91 and all stipulated supportive documents,
- Step 2: The application will be considered by the Education Committee of the Board, who will inform the applicant of the outcome of their application,
- Step 3: If approved, the applicant will be required to present themselves to a panel for an oral examination (viva) and/ or an objective structured skill examination (OSSE)
- Step4: After passing this, the panel will determine the period of internship to be completed i.e. either 6 or 12 months.
- Step 5: On successfully completing the internship, the candidate must pass the National Board Examination. (See Form 225 or information about the National Board Examination)

## **TIMELINES**

Foreign qualified applications are considered by the Education Committee of the Board which meets four times a year in February, May, August and October. Once a compliant application is received, it serves at the next Education meeting provided it was received a month before the date of that meeting.

Once the application has served, the outcome is communicated to the applicant after fourteen days from the date of the meeting.

### **1. Requirements for Professional Practice in Psychology**

#### **1.1 Psychologist**

- 1.1.1 An applicant must hold a qualification approved by the Council for the purpose of registration as a Psychologist.
- 1.1.2 The minimum period of education for registration as a Psychologist is five academic years which must include a structured professional training programme, and
- 1.1.3 An approved full-time internship of 12 month's duration.

#### **1.2 Psychometrist,**

- 1.2.1 An applicant must hold a qualification approved by the Council for the purpose of registration as a Psychometrist.
- 1.2.2 The minimum period of education for registration as a registered Psychometrist, is four academic years, and
- 1.2.3 An approved full-time practicum of 6 month's duration.

### **1.3 Registered Counsellor**

- 1.3.1 An applicant must hold a qualification approved by the Council for the purpose of registration as a Registered Counsellor.
- 1.3.2 The minimum period of education for registration as a Registered Counsellor is four academic years, and
- 1.3.3 An approved full-time practicum of 6 month's duration.

## **2. Professional Practical Experience**

- 2.1 An applicant for registration must also submit official documentary evidence of having completed a full-time internship in the psychologist category for which registration is required.
- 2.2 Recognition of the completed full time internship will only be considered if the internship commenced after completion of at least five years of academic education and training for a psychologist and at least four years of academic education and training for a Registered Counsellor or Psychometrist.

## **3. The following documents must be submitted to the Professional Board for Psychology at the address provided in (5) below:**

- 3.13 The following administration fees are payable:
  - 3.12.1 Application for registration as a psychologist: R4990, 00
  - 3.12.2 Application for registration as a registered counsellor/Psychometrist: R3000, 00
  - 3.12.3 Oral Examination Fee R4000.00

Our banking details are as follows:

Bank: ABSA  
Branch: Arcadia  
Branch Code: 33 49 45  
Account number: 061 00 00 169 (Other monies)  
Swift Code: **ABSAZAJJ** (International Payments)

## **4. Further requirements**

A copy of the guidelines relating to the registration of Psychologists, Registered Counsellor and Psychometrists is attached hereto. Applicants are advised to acquaint themselves with the requirements laid down by the Board before completing the application form.

Applicants will be required to-

- 4.1 successfully complete an **approved full-time** internship at an approved institution/organisation, the duration of the internship will be determined by the Board;
- 4.2 pass the Board's National Examination;
- 4.3 successfully complete 12 month's community service in terms of section 24A of the Health Professions Act. In order to register with the Health Professions Council of South Africa (HPCSA), foreign qualified non-South African citizens are required to submit a letter from the National Department of Health, offering them a community service post.

- 4.4 in the case of South African foreign qualified citizens perform community service in terms of section 24A of the Health Professions Act in respect of the professions for which community service applies.

5. **Address and enquiries**

Duly compiled applications or written enquiries may be sent to:

The Registrar  
HPCSA  
P O Box 205  
PRETORIA  
0001

**NOTES:**

- (a) **The application for registration first has to be approved by the Professional Board for Psychology prior to commencement of an internship programme.**
- (b) **Incomplete applications will be returned to the applicants.**
- (c) **No application will be considered without all the required documentation and proof of payment of an administration fee being submitted.**



**FORM 91**

**THE PROFESSIONAL BOARD FOR PSYCHOLOGY**

**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

**APPLICATION FORM FOR FOREIGN QUALIFIED PRACTITIONERS**

**REGISTRATION AS A PSYCHOLOGIST**

**REGISTERED COUNSELLOR / PSYCHOMETRIST**

**Please send a duly completed form to:** The Registrar, Health Professions Council of South Africa, P O Box 205, PRETORIA 0001 or 553 Vermeulen Street, Arcadia, Pretoria, 0083

**ANNEXURE A**

**CONTACT DETAILS – please use block letters**

Prof/Dr/Mr/Mrs/Ms		
Surname:		
Previous surname:		
First Name:		
ID number:		
Date of Birth:		
Country of origin:		
Telephone number	(H)	(W)
Facsimile number	(H)	(W)
Cell number		
email		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status:	<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single	
Race*:	<input type="checkbox"/> Coloured <input type="checkbox"/> African <input type="checkbox"/> White <input type="checkbox"/> Other:	
*For statistical purposes only		

Postal Address			
			Postal Code:
Physical Address			
			Postal Code:

**WHAT CATEGORY OF REGISTRATION ARE YOU APPLYING FOR?**

**Psychologist**

**Registered Counsellor**

**Psychometrist**

Clinical Psychologist

Educational Psychologist

Counselling Psychologist

Industrial Psychologist

Research Psychologist

**QUALIFICATIONS** – give in date order stating with the first

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

**THESIS OR DISSERTATIONS** – what thesis or dissertations have you presented for the qualification listed above? Attach a copy of the abstract or summary of the thesis or dissertation

Qualification:	
Title of thesis or dissertations:	
Supervisor:	Supervisor External:

Qualification:	
Title of thesis or dissertations:	
Supervisor:	Supervisor External:

**INTERNSHIP COMPLETED** – give in date order starting with the first. Also complete Annexure B for each internship

Name of Institution	Categories / Domains	From		To	
		Month	Year	Month	Year

**EMPLOYMENT** – list the principal appointments you held since obtaining your qualifications in psychology. List in date order, starting with the date.

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

**DECLARATION**

I declare that the information given in this form and any supporting documentation is true and accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ANNEXURE B: ATTESTATION OF EXPERIENCE BY SUPERVISOR**

(Please print or type)

**INSTRUCTIONS**

1. Complete section 1. Enter your name as it appears on your application (Annexure A of form 91).
2. Send this form to your supervisor who should complete section 2 and return the form directly to: The Registrar, HPCSA, P O Box 205, Pretoria, 0001, Republic of South Africa.
3. If the supervisor should have any reservations about the applicant's professional competence, professional conduct or moral character, please explain in a letter addressed to the Registrar at the same address.
4. If private practice experience is submitted, Annexure C of this form must also be completed and returned by your supervisor.

**Section 1** (To be completed by candidate)

Dr/Mr/Mrs/Ms: .....

Surname: .....

First names: .....

Date of birth: ..... 19 .....

Postal address: .....

.....

..... Postal Code.....

City: .....



Country: .....

**Section 2** (To be completed by supervisor only)(Please print)

A. 1. Name of internship institution: .....

2. Address of institution: .....

.....

3. Nature of employment

Corporate/Industrial institution

Municipal institution

Private institution

Private or consultative practice (Also to complete Annexure C)

Research institute

State institution

Programme development and application .....

4 Name of qualified psychologist responsible for design, co-ordination, integrity and quality of the candidate's practical training: .....

5. Particulars of supervisor:

Name: .....

Title: .....

Postal address: .....

.....

Category of registration: .....

Date of registration: ..... 19 .....

B. Attestation of candidate's employment –

1. Attendance on site

FULL-TIME (35 hours or more per week)						
	Date commenced			Date completed		
	Day	Month	Year	Day	Month	Year
PART-TIME						
Hours per week	Date commenced			Date completed		
	Day	Month	Year	Day	Month	Year
16						
20						
24						
30						
32						

2. Employment duties: (State percentage of time in each job duty)

Direct duties

(a) Educational/Vocational planning .....%

(b) Interviewing: .....%

(Client population: .....)

(c) Psychotherapy .....%

(d) Testing/Assessment .....%

(e) Other intervention .....%

(Specify .....)

Other duties

(a) Administration .....%

(b) Assessment .....%

(c) Ethical matters .....%

(d) Personnel selection and management .....%

(e) Programmatic application .....%

(Specify .....)

- (f) Research .....%
- (g) Teaching .....%
- (h) Other .....%
- (Specify.....)

3. Frequency of supervision: (Mark where applicable)

Type of supervision	One hour		Two hours		Other (Specify)
	Weekly	Bi-weekly	Weekly	Bi-weekly	
Group supervision					
Individual face to face					
Lectures					
Seminars					
Other (Specify)					

Duration of supervision: From: Date: ..... Month:..... Year: .....

To: Date ..... Month: ..... Year .....

\_\_\_\_\_  
Attested by:

\_\_\_\_\_  
Signature (please print name)



**THE PROFESSIONAL BOARD FOR PSYCHOLOGY**  
**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**  
**VERIFICATION FORM**

**ANNEXURE C**

**A. PERSONAL DETAILS – please use block letters**

Prof/Dr/Mr/Mrs/Ms			
Surname:			
Previous surname:			
First Name:			
ID number:			
Date of Birth:			
Country of origin:			
Postal Address			
Telephone number	Facsimile number	Cell number	Email Address

**SIGNATURE:**.....**Date:**.....**20**.....

**B. TO BE COMPLETED BY THE UNIVERSITY/ COLLEGE**

Name of the University/ College.....

It is hereby certified that ..... completed a directed Masters / Honours programme in Psychology.

Status:       Full- time       Part-time       On-line/Correspondence

He/she is registered as a student for the term which began on .....and

Ended on..... According to our records he / she graduated on .....

<p><b>WE RECOMMEND him/her for registration</b></p>    <p>-----  <b>SIGNATURE</b></p>	<p style="text-align: center;"><b>ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION</b></p>    <p>-----  <b>DATE</b></p>
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**FOR OFFICIAL USE ONLY**

<b>Documents received</b>	<b>Yes</b>	<b>Date Received</b>
Copy of degree certificate - Notarised		
Sworn Translation in English (If applicable)		
Proof of Internship Training		
Annexure A, B and C		
SAQA Certificate of Evaluation		
Proof of citizenship, Passport or Identity Document		
Letter issued by Foreign Workforce Management		
Proof of registration with regulatory board from country of origin.(If Applicable)		
Proof of payment in respect of Administration Fee		

**COMMENT:**

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