



Form 189A

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
CERTIFICATE OF COMPETENCE: ORAL HYGIENIST
APPLYING FOR REGISTRATION IN THE CATEGORY: INDEPENDENT PRACTICE
FOR PRACTITIONERS WHO OBTAINED A QUALIFICATION AFTER 2001

This duly completed application must be forwarded or delivered to:
 The Registrar, P O Box 205, Pretoria, 0001 / 553 Madiba Street, Arcadia, Pretoria 0083

Registration Number:
 OH:
 Date Qualification Obtained:

PERSONAL INFORMATION OF APPLICANT

Title: Initials & Surname:
 Postal Address:
 Tel No: Fax No: E-mail: Cell No:

Name of Hospital(s) / Clinic(s):	Address

I/we the undersigned Dentist(s), Dental Therapist(s) and Oral Hygienist(s) of the abovementioned Hospital(s),clinics and private practice(s) hereby certify that:
 (Name of applicant) practiced in accordance with the ethical rules published as Government Notice No. R.717 of 04 August 2006, in the Oral Health Section of this Institution(s) for the periods specified, and that during these periods he/she was professionally competent.

- NOTE:**
- (i) If the certificate is qualified to the effect that the service of the Oral Hygienist was not satisfactory, a detailed statement should be submitted by the Dental Head and/or the Superintendent of the Hospital(s)/Clinic(s) or supervisor in the case of a practice as to the reasons why the service is considered unsatisfactory.
 - (ii) In order to register in the category "independent practice", the applicant must be registered with the HPCSA in the category "supervised practice" and have worked under supervision of a dentist, dental specialist, dental therapist or oral hygienist who is registered with the HPCSA for at least 3 years (uninterrupted registration) and the oral hygienist must be registered in the category "independent practice" in order to supervise.

	Period		Name of Dentist/Dental Therapist/Oral Hygienist (Please Print)	Signature and Date	Tel No	OFFICIAL STAMP
	From	To				
1. Supervised practice in Oral Hygiene						
2. Leave Taken						
2.1 Ordinary Leave						
2.2 Sick Leave						

CONDITIONS TO REGISTER IN THE CATEGORY INDEPENDENT PRACTICE (REGULATIONS NO R.800 OF 17 OCTOBER 2013)

A registered Oral Hygienist may only practice independently, his or her profession:

- i. After serving a period of at least one year under control and supervision of a registered dentist, dental therapist or another oral hygienist, and with approval of the board;
- ii. The supervisor has to be registered with the HPCSA for at least three (3) years in the category independent practice (uninterrupted)
- iii. After obtaining any of the qualifications in Oral Hygiene approved by the Board, and if obtained prior to 2001, must have also obtained a further qualification in expanded clinical functions in Oral Hygiene offered by any of the examining authorities approved by the Board;
and
- iv. After successfully completing First Aid Level 3 training at a training institution approved by any SAQA and that all the Health and Welfare SETA. First Aid Level 3 be accepted;

An original certificate issued by a recognized provider of first aid level 3 has to be submitted together with the application form. A copy of the certificate will be accepted only if it is notarised by a **NOTARY PUBLIC** i.e. an attorney in his/her capacity as a Notary Public and bearing the stamp.

- v. An original form 189 A bearing the official stamp of the employer/supervisor is acceptable for registration.