



Form 23 OT

PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS & PROSTHETICS & ARTS THERAPY
APPLICATION FOR REGISTRATION INDEPENDENT PRACTICE

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PRINT and return the ORIGINAL FORM to: The Registrar, PO Box 205, Pretoria 0001 by registered mail for ease of tracking mail 553 Madiba Street, Arcadia, Pretoria 0083

FOR OFFICE USE ONLY

A. PERSONAL PARTICULARS

HPCSA Registration Number: _____

I, (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: _____

Hereby apply to register in the category: _____

I declare that I am the person referred to in the certificate below. 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

I further accept that my application could be delayed should the form be incomplete and/or the relevant documents not be submitted herewith.

SIGNATURE: _____ Date: _____ 20 _____

Received on

Reg. Date

I certify that the application meets the requirements as outlined in section B and that I have verified the application:

Registration Officer: _____

Signature: _____

Date: _____

B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:

- 1. A copy of my identity document or birth certificate.
2. A copy of my marriage certificate (should you wish to register in your married surname).
3. Original letter or a certified copy from the Department of Health of completion of community service, stating the beginning and end dates.
4. A copy of my registration certificate with the Health Professions Council of South Africa in the category community service.

* 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.