
**PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS
AND PROSTHETICS AND ARTS THERAPY**

Department: PROFESSIONAL BOARDS
Designation: GENERAL MANAGER:
MR J B MBHELE
Reference: Mr D J Kotzé
Date: February 2010

Dear Sir / Madam

APPLICATION FOR REGISTRATION AS AN OCCUPATIONAL THERAPIST

Your application for registration with the Health Professions Council of South Africa refers.

Foreign qualified health practitioners with qualifications that enable them to practice occupational therapy abroad/in their country of origin may apply for registration with the Health Professions Council of South Africa in the category Public Service provided the applicant complies with the minimum requirements. The South African Minimum Standards for the Training of Occupational Therapists (HPCSA) will be used as a guideline when the curriculum from your educational institution is received by the Board.

Registration is on condition that the applicant submits written support in terms of employability from the Directorate: Workforce Management (DWM) of the National Department of Health, Pretoria.

A person who secures relevant registration shall be restricted in terms of the conditions of his or her practice to the Public Service, whilst the duration of registration and scope of his or her practice shall be as specified by the Board. Registration is conditional in that the applicant should submit the required information, meet the minimum requirements for registration as specified by the Board and successfully complete the Board Examination for foreign qualified practitioners.

The National Department of Health does not encourage the recruitment of individual foreign health professionals who are citizens of developing (SADC) countries.

The following procedure should be followed by foreign qualified practitioners:

- Step 1: Apply to the Board for registration by submitting the relevant documentation, including an initial letter of endorsement towards employability issued by the DWM of the National Department of Health.
- Step 2: Apply to sit for the examination of the Board, pay the examination fee of **R 6000-00** and obtain information on the requirements for the examination. The date and venue of the examination will be decided by the Board, but will be conducted in March/April and September annually. Proof of payment should be submitted with the application.
- Step 3: The results will be made available two weeks after the examination provided the examination fees are paid in full.
- Step 4: If successful and on receipt of written confirmation from the Board, obtain a letter of endorsement towards allocation and employment from the DWM of the National Department of Health.
- Step 5: Pay the prescribed fee for the issuance of the relevant registration certificate.

Kindly further note that in order to obtain registration in the category Independent Practice you may be required to work in public service. In addition, you will be required to submit a letter of endorsement issued by the Directorate: Workforce Management (DWM) of the National Department of Health. This letter will only be issued on the basis of permanent residence status or South African citizenship.

In order to avoid delays in the processing of your application **all documents, correctly certified** as per the requirements of the Board should be submitted preferably **in one batch**. Applications submitted by **facsimile (fax)** will not be entertained. All documentation required by the Board should be submitted in English. Only original translations of the required documents done by a sworn translator and duly sealed and notarised will be accepted. In addition to such English translations, legible copies of the original documents, certified and duly sealed by a Notary Public should be submitted.

It should further be noted that **separate** applications should be prepared and submitted to the Health Professions Council of South Africa and the Directorate: Workforce Management (DWM) of the National Department of Health.

It should be noted that you would initially be required to be employed in public service or community service and mostly in rural areas and that you would only be allowed to enter into independent practice once you have obtained South African citizenship or permanent residence status in terms of the Immigration Act, 2002 (Act No. 13 of 2002).

Should you require any further information, please feel free to write to the Professional Board or the DWM of the National Department of Health.

Yours faithfully

pp _____
REGISTRAR

**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS
AND PROSTHETICS AND ARTS THERAPY**

**GUIDELINES FOR REGISTRATION OF FOREIGN QUALIFIED
OCCUPATIONAL THERAPISTS**

These guidelines are intended to assist an applicant who wishes to apply for registration with the Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy. This procedure consists of 3 stages.

A STAGE 1 APPLICATION

1. A foreign qualified applicant must hold a qualification entitling him or her to practise occupational therapy in another country.
2. The education and training of the applicant must meet the requirements of the Professional Board for the education and training required from candidates qualifying in South Africa. The Professional Board acting under the auspices of the Health Professions Council of South Africa will establish whether an applicant meets the prescribed Minimum Standards of Training of Occupational Therapists in South Africa.
3. Please note that **separate** applications should be prepared and submitted to –
 - the Health Professions Council of South Africa
 - the Directorate: Workforce Management (DWM) of the National Department of Health in South Africa – See Form 176 DOH
4. The following documents must be submitted to the Professional Board at the address provided below:
 - The attached application form, duly completed.
 - Copies of all degree/diploma certificates or similar academic qualifications in occupational therapy certified by an attorney in his or her capacity as notary public and bearing the official stamp as well as sworn translation of these into English. Copies certified only by a Commissioner of Oaths **will not be accepted**. Alternatively original documents together with copies thereof could be submitted for verification by the relevant Council staff. In view of possible damage or loss of such documents it is not advisable to send such documents by mail.
 - A recent original Certificate of Status (Certificate of Good Standing), issued by the foreign registration authority/ies where the applicant is currently registered. Such certificates will only be accepted if they were issued within the preceding three months.
 - A copy of a valid Passport or Identity Document as proof of current citizenship, duly certified by a notary public as indicated above.
 - A letter of endorsement in support of the application for registration issued by the Directorate: Workforce Management (DWM) of the National Department of Health (Form 176 DOH attached hereto for this purpose). *This application should be compiled and submitted directly to The Director, DWM, Room 1123, Fedlife Building, National Department of Health, Private Bag X828, Pretoria, 0001, RSA (Corner of Church and Prinsloo Streets).* Applicants who fail to secure the support of the DWM towards an application for registration or employment will not be eligible for registration.
 - In the case of South African citizens who qualified abroad the letter of endorsement in support of the application for registration issued by the Directorate: Workforce Management (DWM) of the National Department of Health is not required. Upon receipt of written confirmation by the Board of successful completion of the examination and that they are

eligible to register with the Council such applicants are required to approach the Department of Health, for placement in community service posts as per the "Regulations relating to the registration of persons who hold qualifications not prescribed for registration" promulgated as Government Notice No. R. 101 on 6 February 2009. Their contact details are as follows: Tel 012 312 0519; Fax 012 312 0913; E-mail Moshom@health.gov.za.

5. In addition to the above minimum requirements, applicants may further be required to submit a detailed curriculum (in English) of the applicant's course of study, specifying courses, content of education (theory) and training (practical/clinical), duration and mode of examination/evaluation.
6. In order to avoid delays in the processing of your application **all the documents, correctly certified** as per the requirements of the Board should be submitted preferably **in one batch**. Applications submitted by **facsimile (fax)** will not be entertained. All documentation required by the Board should be submitted in English. Only original translations of the required documents done by a sworn translator and duly sealed and notarised will be accepted. In addition to such English translations, legible copies of the original documents, certified and duly sealed by a Notary Public should be submitted.

B STAGE 2 EXAMINATION

1. Upon receipt of written confirmation by the Education Committee of the Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics that the applicant is eligible to sit the Board Examination, he/she must submit the following to the Board:
 - Examination application form, duly completed.
 - A copy of the letter issued by the Education Committee of the Board confirming that the applicant is eligible to sit the examination.
 - The examination fee of **R 6000.00**.
2. The examination of the Professional Board to be conducted in **March/April** and **September** annually consists of the following:
 - a. A three hour written examination which shall provide for –
 - i. an assessment of knowledge of basic sciences, intervention strategies according to the models of occupational therapy and the role of the occupational therapist in the public health arena, applicable to clinical practice in South Africa.
 - ii. an assessment of the candidate's understanding of the ethics of the health professions and particularly the profession of occupational therapy, as practised in South Africa; and
 - b. A practical oral examination which will be based on the presentation of two case studies. Details for both these parts of the examination are reflected in Annexure D attached hereto.
3. The Education Committee will appoint a moderator and two examiners for each candidate. One examiner will be appointed for his/her expertise in the physical field of occupational therapy and the other from the psychiatric/mental health/psychosocial field.

C STAGE 3 REGISTRATION

The Professional Board will issue a letter to applicants who have been successful in the examination. Such applicants will qualify for registration in the category Public Service by submitting a copy of the letter issued by the Board, a formal offer of employment endorsed by the DWM of the Department of Health, the prescribed registration fee as well as the documentation outlined in the letter.

In addition to the registration fee, applicants are required to pay a **pro-rata annual fee**.

No registration certificate will be issued without all requested documentation being submitted.

Address/Enquiries

Duly compiled applications or written enquiries may be sent or delivered to:

The Registrar
HPCSA
P O Box 205
PRETORIA
0001
SOUTH AFRICA

OR

553 Vermeulen Street
Arcadia
PRETORIA

**APPLICATION FOR REGISTRATION AS AN
OCCUPATIONAL THERAPIST**

Public Service
 Education
 Postgraduate Study
 Volunteer Service

1. TO BE COMPLETED BY APPLICANT (Please Print)

Title:(Mr/Mrs/Miss):							
Surname:							
Maiden Name:							
First Names:							
Postal Address:							
Work Address:							
Tel (Work):				Tel (Home):			
Cell:				E-Mail:			
Date of Birth:				Birth Place:			
Nationality:							
Present employer							
Position/appointment held:							
*Marital Status:	Single	Married	Divorced	Widowed	*Gender:	Male	Female
*Race:	African	Asian	Coloured	White			
* - For statistical purposes only – Information required by the National Department of Health							

2. Qualifications

Name of Degree/Diploma	University/Educational Institution where qualification was obtained	From		To	
		Month	Year	Month	Year

3. Full Record of Practical Clinical Training (Completed concurrent with or after completion of professional education)

Areas (e.g. Paediatrics, Adults, including Geriatrics, etc.)	Type of Patients	Type of Setting	From		To		Hours
			Month	Year	Month	Year	
Total Hours							

4. Professional Experience (In chronological order)

Name of institution	Nature of appointment held	Full-time/ part-time	From	To	Total period in months	Enclosed documentary evidence marked A, B, etc

5. DECLARATION BY APPLICANT APPLYING FOR REGISTRATION IN TERMS OF THE HEALTH PROFESSIONS ACT, 1974

I,hereby declare under oath as follows:

- a. I am the person referred to in the accompanying certificate(s) of qualification(s) which I submit in support of my application to be registered as an Occupational Therapist in the Republic of South Africa.
- b. The said qualification(s) was/were granted to me after examination and is/are my own lawful property, and entitle me as far as professional qualifications are concerned, to practise as a Occupational Therapist in the country of its/their origin, namely -
.....
- c. I have never been convicted in any country of any offence against the law or been debarred from practice by reason of misconduct and, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at present*.
- d. I further accept that my application may be delayed should I fail to submit all the required documentation.

Signature

SWORN before me at thisday of 20.....

Signature:

Justice of the Peace or Commissioner of Oaths

Declaration to be completed preferably by a medical practitioner, dentist or other health practitioner

I, the undersigned**
of hereby declare under oath:

I personally know
whose signature appears above. To the best of my knowledge and belief, the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as an Occupational Therapist.

Signature Profession or calling

SWORN before me at this.....day of
..... 20

Signature

Justice of the Peace or Commissioner of Oaths

District of

Declaration to be completed preferably by a medical practitioner, dentist or other health practitioner

I, the undersigned**
of hereby declare under oath:

I personally know

whose signature appears above. To the best of my knowledge and belief the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as an Occupational Therapist.

Signature

Profession or calling

SWORN before me at this.....day of
..... 20.....

Signature:

Justice of the Peace or Commissioner of Oaths

If the applicant is unable to make the declaration above, the Council, in order to consider the application, will require full particulars of the reasons for his or her inability.

6. Any other relevant facts which the applicant wishes to bring to the attention of the Board:

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.....

.....

FOR OFFICIAL USE ONLY		
Documents received	Yes	No
Copy of qualification certificates		
Sworn Translation in English		
Certificate of Status		
Passport or Identity Document		
Letter of endorsement – Directorate: Workforce Management		

COMMENT:

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**ATTESTATION BY EDUCATIONAL INSTITUTION REGARDING QUALIFICATION
OBTAINED BY OCCUPATIONAL THERAPIST**
(Please print or type)

INSTRUCTIONS

1. This section to be submitted directly to the University or Educational Institution for completion.
2. Once completed this form must be returned by the University directly to: The Registrar, Professional Board for Occupational Therapy, Medical Orthotics/Prosthetics and Arts Therapy, HPCSA, P O Box 205, Pretoria, 0001, Republic of South Africa.
3. If the institution 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.

-
- a. Name of applicant:
 - b. Type of Qualification e.g. BSc(OT)
 - c. Date qualification obtained:
 - d. Educational Institution information

Name:

Address:

.....
.....
.....
.....

Phone Number: (Country and dialling code).....

Fax No.

E-mail address

- e. Applicant Information

A concise official copy of the syllabus of training.

An official transcript of the results obtained by the applicant in each examination.

f. Is this Educational Institution approved by the World Federation of Occupational Therapists/other International organization Yes / No

g. Is this therapist in good standing with the Profession Yes / No

If no, please give an explanation

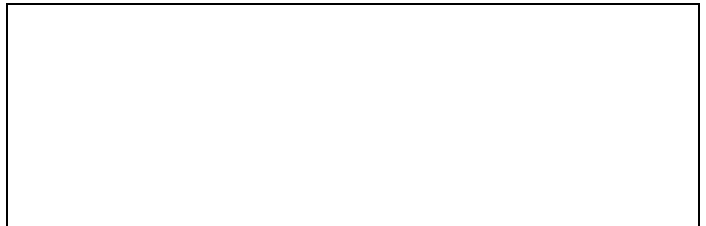
.....

Signed:.....

Name: Please print

Designation:.....

Official date stamp of Institution



**PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND
PROSTHETICS AND ARTS THERAPY**

**REGISTRATION FOR INDEPENDENT PRACTICE, EDUCATION AND VOLUNTEER SERVICE FOR
GRADUATES HOLDING FOREIGN QUALIFICATIONS
IN OCCUPATIONAL THERAPY**

A practitioner who obtained his/her basic qualification outside South Africa will initially have to apply for registration in the category Public Service. After meeting further requirements as prescribed by the HPCSA and the Minister of Health the applicant may apply for registration in the category independent or private practice.

A. REGISTRATION IN THE CATEGORY PUBLIC SERVICE

- a. Individual applicants apply for registration as outlined above in order to obtain registration in public service.
- b. Practitioners registered in the Category Public Service shall practise under the auspices of an employing Public Health Authority.
- c. Continuation of registration in this and other categories of registration is subject to the prescribed requirements of professional conduct and Continuing Professional Development.

B. REGISTRATION IN THE CATEGORY INDEPENDENT PRACTICE

- a. Only applicants who hold registration in the category Public Service and obtained permanent residence status and/or South African citizenship will be eligible for registration in the category Independent Practice.
- b. In order to consider an application for registration in independent practice a written request as well as a letter of support pertaining to such registration, issued by the Directorate: Workforce Management of the National Department of Health, would have to be submitted to the Board.

C. REGISTRATION IN THE CATEGORY EDUCATION

1. Applications for such registration must first be submitted by the Head of the relevant Department and the Dean of a University/research institution. Such application should further be supported by the Directorate: Workforce Management of the National Department of Health.
2. Applications must be accompanied by –
 - a. proof of the applicant holding an appropriate qualification in occupational therapy in the country of origin (attach a copy of degree certificate certified by a Notary Public and (if applicable) a sworn translation thereof in English);
 - b. a recent original Certificate of Status (Certificate of Good Standing) issued by the foreign Registration Authority;
 - c. a recommendation on the applicant's registrability as well as an undertaking regarding supervision to be provided by the University for the duration of such registration submitted by the Head of the relevant Department and the Dean of a University/research institution based on –
 - i. the institution's assessment of the applicant's *curriculum vitae*;
 - ii. an assessment of his/her abilities to practise successfully in South Africa as an educator/trainer/researcher;

- iii. the applicant having complied with all the requirements of the institution for employment as an educator/trainer/researcher;
 - d. the application form for registration, duly completed;
 - e. the prescribed registration fee.
3. Persons registered in the category Education are only permitted to practice in accordance with their appointment at the relevant educational institution for teaching, training or research purposes subject to appropriate supervision to be provided by the University. Such registration does not entitle such practitioner to practice in independent or private practice.
 4. Registration in this category, where an examination is not required for registration, would be limited to a maximum period of one year per application. Such registration could, however, be extended annually on the basis of a written request by the head of such institution and subject to approval thereof by the Board.

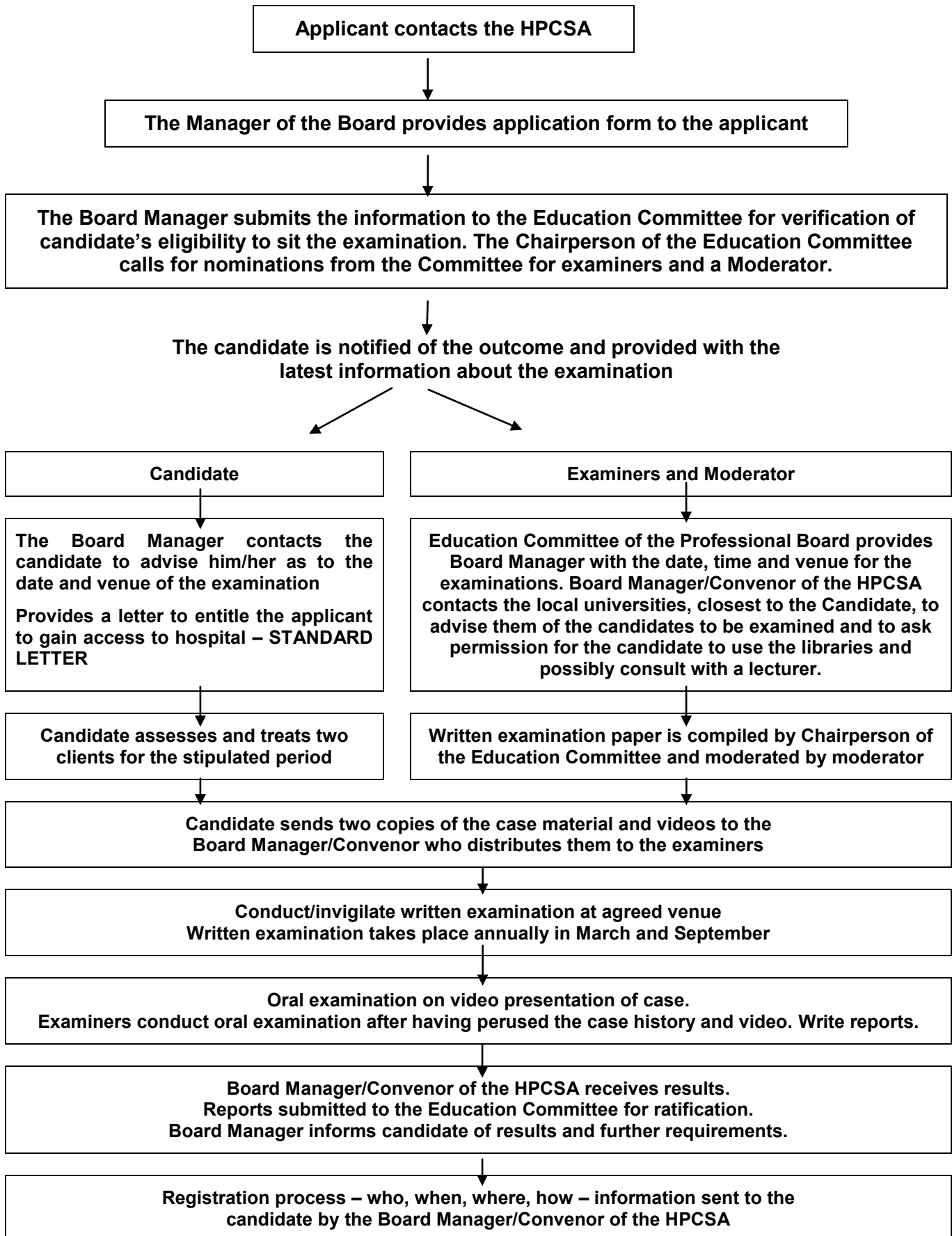
D. REGISTRATION AS AN OCCUPATIONAL THERAPIST IN THE CATEGORY VOLUNTEER SERVICE

1. An application for registration in the category volunteer service must be submitted by the relevant South African Health Care Provider Agency, approved by the Board. The application should further be supported by the Directorate: Workforce Management of the National Department of Health.
2. The application must be accompanied by –
 - a. proof of the relevant practitioner holding an appropriate qualification in occupational therapy in the country of origin (attach a copy of degree certificate certified by a Notary Public and a sworn translation thereof into English);
 - b. a recent original Certificate of Status (Certificate of Good Standing) issued by foreign Registration Authority;
 - c. a recommendation for registration by the South African Health Care Provider Agency based on –
 - i. the Agency's assessment of the practitioner's *curriculum vitae*;
 - ii. an assessment of the practitioner's abilities to practise successfully in South Africa;
 - iii. the period for which the practitioner will require such registration (See 3 below);
 - iv. an undertaking by the South African Health Care Provider Agency to supervise the practitioner during the said period of registration;
 - d. an affidavit, issued by the South African Health Care Provider Agency confirming that the applicant would only be employed as a volunteer for the duration of such registration, that the applicant would not be remunerated for his or her services and that appropriate supervision would be provided for the duration of such registration.
 - e. The application for registration in the Category Volunteer Services, duly completed.
 - f. The prescribed registration fee.
3. Registration in the category Volunteer Services, where an examination is not required for registration, would be limited to a maximum period of one year per application. Such registration could, however, be extended annually on the basis of a written request by the head of such institution and subject to approval thereof by the Board.

E. REGISTRATION IN THE CATEGORY POST GRADUATE STUDY

- a. Applications for such registration should be submitted by the Dean of the Faculty of a South African university. This category is intended to build capacity and on completion of their study programme, these students are required to return to their country of origin. Registration in this category is limited to unpaid positions only. Such application should further be supported by the Directorate: Workforce Management of the National Department of Health.
- b. Applications must be accompanied by –
 - i. proof of the applicant holding at least a basic qualification in occupational therapy in the country of origin (attach a copy of degree certificate certified by a Notary Public and a sworn translation thereof in English);
 - ii. a letter submitted by the Dean of the Faculty of a South African university confirming that the applicant would be appointed in a supernumerary post as well as a recommendation for registration in the said category by the university specifying -
 - aa. the nature of the proposed study;
 - bb. the level of such study;
 - cc. the expected duration of the proposed study;
 - iii. a letter issued by the Department of Health confirming that all requirements and contractual arrangements had been complied with to permit the applicant to undergo the proposed postgraduate study in South Africa and that the applicant had agreed in writing that he or she would not on completion of his or her education and training apply for registration in South Africa;
 - iv. a recent original Certificate of Status (Certificate of Good Standing) issued by the foreign Registration Authority;
 - v. the attached application form for registration, duly completed;
 - vi. the prescribed registration fee.
- c. This registration is limited to a specific university.
- d. The scope of the postgraduate study is as specified, including clinical duties, while holding a supernumerary post for postgraduate study.
- e. Education and training undertaken in a supernumerary post will not be recognised for registration of such practitioner in South Africa. In order to qualify for registration in South Africa, an applicant has to formally apply to the Board for registration.
- f. Registration in this category, where an examination is not required for registration, would be limited to a maximum period of one year per application. Such registration could, however, be extended annually on the basis of a written request by the head of such institution and subject to approval thereof by the Board.

APPLICATION AND EXAMINATION PROCESS FLOW CHART



**REQUIREMENTS TO BE MET BY THE CANDIDATE PRIOR TO
THE WRITTEN AND PRACTICAL/ORAL EXAMINATION**

Candidates are required to meet the following requirements prior to the examination:

1. The candidate will write one 3 hour examination which will contain one question orientated to the physical field of practice (25 marks) and one orientated to the psychiatric field of practice (25 marks). In the third question 25 marks will be divided between ethics, management and health policy. The total marks of the paper will be 75. Questions will be orientated to the South African situation. A minimum of 50% constitutes a pass. **This is not an open book examination.**
2. Candidates are required to meet the following requirements prior to the examination:
 - a. Select and treat 2 cases for a minimum of 6 sessions, at the place selected for the clinical work. One case must be in the physical field of practice and one in the psychiatric field. The clients should represent different age groups.
 - b. The cases should demonstrate comprehensive planning of treatment and illustrate a variety of techniques, activities and methods of treatment as well as planning for the future.
 - c. A written report according to the Case Report Outline below, of each case, must be submitted in duplicate to the Board Manager at least 10 days before the examination.
 - d. A 15 minute video clip, on a videotape, of one treatment session for each case must be made and submitted in duplicate to the Board Manager with the report, 10 days before the examination. The most important part of the treatment session should be presented by the candidate at the oral examination. This video should be in English and it is essential that it has good sound and a clear image. Both therapist and patient should be visible during treatment. A home video is sufficient provided that it meets the above criteria and it is possible for the examiners to see the way in which the client is handled both physically and psychologically. The candidate should remember that this is in lieu of a live demonstration. Should the video be found to be unsatisfactory for examination purposes the examination will be unable to proceed. Please note that because of the limitations in equipment in some venues, DVDs, CDs etc are not permissible.

Please note that written permission must be obtained from the patient/client to be videoed during treatment. The patient/client must be assured that the video will remain in the possession of the candidate after the examination and if necessary be given to the patient/client, but confidentiality must be honoured.
 - e. The examiners will review the material submitted.
3. An oral examination will then take place for two hours per candidate (one hour per case with a break in between) at the agreed venue. The examination will cover the written cases and videos of treatment, as well as other conditions, basic professional knowledge, theoretical concepts, ethics of practice, management of services and application of intervention in a variety of settings. The candidate must be prepared to present each case for 20 minutes and may bring the written case to refer to. The examiners may request to view certain aspects of the video. Examiners will give a mark for the combination of the written case, oral presentation and general questions. A minimum of 50% will constitute a pass.
4. The results of the Examination will be submitted by the examiners in a report to the Board Manager who will then submit the results to the Education Committee for ratification.
5. Once approved by the Education Committee the Board Manager will notify the applicant and provide further information for registration.

CASE REPORT OUTLINE

Please note that candidates are required to present a detailed Case Report which must contain the following information:

1. Background Information on the Patient/Client

Name (for purposes of confidentiality the real name of the patient should not be revealed), age, gender, occupation, social and family circumstances and place of work (if applicable).

2. Medical History

Details of past and present medical history. Diagnosis and medication, including side-effects of medication. Details of the present treatment regime (if available) e.g. occupational therapy and physiotherapy.

3. Social and Work History

- Details of current work and work environment as well as past work history.
- Details of home environment and family and support structures.

4. Assessment

- Details of all assessments carried out by the candidate. These should be comprehensive and relevant to the particular stage of treatment. Relevant assessment forms should be included. Standardised assessments should be referenced.
- List of the current problems and strengths experienced by the patient/client.
- List of all aims of treatment and desired outcomes to be met during the treatment period **in order of importance**.

5. Treatment Plan

- The Model of Occupational Therapy selected as the basis of the plan should be given, the reasons for selection and how it will influence the treatment.
- Description of the activities, techniques, principles and structuring used to implement the plan for the 6 sessions.

Note: "Activities" is used in the widest sense of the word and includes activities of daily living, community visits and interaction, splints, psychosocial group work or any tool used by the occupational therapist in the treatment of the patient/client.

6. Record of the intervention process

A record of each treatment must be provided and should include the following:

- The aims of treatment and desired outcomes
- The way in which the principles of treatment were implemented
- The structuring and process of the chosen "activity"
- The reaction of the patient/client to the treatment process
- The type of interpersonal relationship and handling principles used
- The reaction of the patient/client to the treatment
- The treatment outcomes
- Plans for the grading of the program
- Plans for aftercare and follow-up

Professional terminology must be used throughout and references given at the end of the report.

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL
ORTHOTICS AND PROSTHETICS AND ARTS THERAPY

CLIENT CONSENT FORM

PERMISSION TO VIDEO RECORD SESSION
(Examination for Foreign Qualified Occupational Therapists)

I,, hereby
give my permission for the Session in Occupational / Art / Drama / Music / Dance Movement Therapy
(Please circle as appropriate)

with (Name of Candidate)
to be recorded on video tape, DVD or other electronic format.

I understand that this recording will be used only for purposes of the registration examinations. I also understand that all efforts to protect my privacy, anonymity and confidentiality, as well as that of my family, will be adhered to, in line with standard clinical practice.

I understand that I can request to view this recording, and that this recording will be destroyed after the examination.

Signature:

Initials and Surname:

Examination Candidate:

For the Institution:

For the HPCSA:

Date: 201

**PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL
ORTHOTICS AND PROSTHETICS AND ARTS THERAPY**

APPLICATION TO SIT THE BOARD EXAMINATION

(Only if the Education Committee or the Board confirmed in writing that the applicant is eligible to sit the examination.)

HPCSA Reference No	
Title (Dr, Mr, Ms, etc.)	
Surname (Please print)	
First Names (Please print)	
Postal Address (Please print)	
Telephone:	
Fax Number	
Cell Number	
E-Mail Address	
SIGNATURE	DATE

Preferred Venue (Please indicate):

Cape Town
 Johannesburg
 Durban

The following should be submitted in support of the application:

- A copy of the letter issued by the Education Committee or the Board confirming that the applicant is eligible to sit the examination.
- The examination fee of R 6000-00 (Six Thousand Rand) or proof of payment.

PLEASE NOTE THAT THE APPLICATION WILL NOT BE PROCESSED WITHOUT PROOF OF PAYMENT

Closing date:

This duly completed application form should be submitted together with documentation and the examination fee by no later than **14 January or 15 July at 12:00** for the examinations in **March/April** and **September** respectively to:

The Registrar, P O Box 205, Pretoria, 0001 **OR** 553 Vermeulen Street, Arcadia, Pretoria

OR fax to: 012 338 9497 (For the attention of Mrs G Kintu)