



**THE PROFESSIONAL BOARD FOR OCCUPATIONAL
THERAPY, MEDICAL ORTHOTISTS & PROSTHETISTS
AND ARTS THERAPY**

Form 26A OS

**PLACEMENT OF INTERN MEDICAL ORTHOTISTS AND
PROSTHETISTS**

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please **PRINT** and return the **ORIGINAL FORM** to:
The Registrar, PO Box 205, Pretoria 0001
553 Madiba Street, Arcadia, Pretoria 0083

A. ISSUED BY:

Name of University:

Contact person:

Telephone No.:

B. DECLARATION:

It is hereby certified that (Mr/Mrs/Miss*):

Candidate's full names and surname:

Student Number:

has successfully completed the (Specify qualification)

at this institution on/in 20..... and that he/she completed all academic and practical training requirements as set out in the curriculum for the education and training of Student Medical Orthotists and Prosthetists at this university as prescribed by the Professional Board.

C. PLACEMENT:

You are hereby placed at the following intern training institution which has been accredited by the Professional Board for Occupational Therapy, Medical Orthotics & Prosthetics and Arts Therapy:

.....

In terms of the policy of the Board the internship of twelve months will commence on 20.....

.....
**Signature: Head of Department of Medical Orthotics and Prosthetics
Tshwane University of Technology**

**ORIGINAL OFFICIAL DATE STAMP OF
UNIVERSITY**

.....
Name: (Please Print)

.....
Date:

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.