



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

Form 27 OB/OSA

INTERN DUTY CERTIFICATE – MEDICAL ORTHOTISTS AND PROSTHETISTS, ORTHOPAEDIC FOOTWEAR TECHNICIANS AND ORTHOPAEDIC TECHNICAL ASSISTANTS

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

A. ISSUED BY

Name of training center: Full postal address: Code: Telephone No.

B. DECLARATION BY SUPERVISOR

It is hereby certified that (Mr/Mrs/Miss*): Candidate's full names and surname: Postal address: Code:

Was TRAINED at this institution from:: to: and that he/she –

- Underwent practical training of a minimum of three years... OB
Underwent practical training of a minimum of two years... OSA
Report attached Yes No

1. SIGNATURE: SUPERVISOR AT TRAINING CENTER Name: Please print

Date: 20

2. SIGNATURE: HEAD: MEMBER OF PROFESSIONAL BOARD/MOP Name: Please print

Date: 20

* Delete where not applicable. If the candidate's service was not satisfactory, a detailed explanation, setting out the reasons, should be submitted. This explanation must be signed by persons 1 and 2.

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.