

## HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

### PROFESSIONAL BOARD FOR DENTAL ASSISTING, DENTAL THERAPY AND ORAL HYGIENE

#### GUIDELINES FOR REGISTRATION OF FOREIGN QUALIFIED DENTAL ASSISTANTS, DENTAL THERAPISTS AND ORAL HYGIENISTS

These guidelines are intended to assist an applicant who wishes to register with the Professional Board for Dental Therapy and Oral Hygiene.

#### 1. Professional Studies

- 1.1 An applicant must hold a qualification equivalent to the recognised South African qualification.
- 1.2 The minimum period of training must correspond with the training required from candidates qualifying in South Africa.

#### 2. Practical Training/Professional Experience

An applicant for registration must also submit official documentary evidence of having completed full-time practical training and/or professional experience.

#### 3. Applications

The following documents must be submitted to the Professional Board at the address provided in (5) below:

- 3.1 A duly completed application form;
- 3.2 Copies of qualification certificates certified by a **NOTARY PUBLIC**, i.e. an attorney in his/her capacity as a **NOTARY PUBLIC** and bearing the official stamp. Copies certified by a Commissioner of Oath will **not** be accepted. Only original translations of the required documents done by a sworn translator and duly certified by a **NOTARY PUBLIC** will be accepted. In addition to such English translations, legible copies of the original documents, certified by a **Notary Public** should be submitted of all degrees/diplomas/certificates or similar academic qualifications certified only by an attorney in his capacity as **notary public** and bearing the official stamp;
- 3.3 Applicants are required to have all the academic qualifications evaluated in order to determine their status in relation to recognised qualifications. A request for an evaluation should be submitted to the South African Qualifications Authority (SAQA) at the following address:

SAQA (Evaluation of Qualification)  
Postnet Suite 248  
Private Bag X 06  
Waterkloof  
0145

Tel: (012) 431 5000  
E-mail: saqainfo@saqa.co.za

- 3.4 a certified copy of the official and detailed curriculum of the applicant's course of study, the specific courses, the content of education (theory) and training (practical/clinical), and the duration and mode of examination/evaluation;
- 3.5 Non-South African citizens are required to submit a letter of endorsement issued by the Directorate: Workforce Management, National Department of Health, confirming the employability or placement of the applicant. Applications should be directed to:

The National Department of Health  
Directorate: Workforce Management  
Private Bag X828  
**PRETORIA**  
0001

Room 1004  
Civitas Building (South Tower)  
Corner Thabo Sehume Street and Struben Streets  
**PRETORIA**

Contact numbers

Miyelani Maluleke: 012 395 9661  
Lavani Maluleke: 012 395 8685

E-mail addresses:

[malunm@health.gov.za](mailto:malunm@health.gov.za)  
[malulekel@health.gov.za](mailto:malulekel@health.gov.za)

- 3.6 An original Certificate of Good Standing, which shall not be more than six months old, issued by the foreign registration authority where the applicant is or was registered.
- 3.7 A copy of a valid passport or identity document as proof of current citizenship, **duly** certified by a **NOTARY PUBLIC**

#### 4. **Address/Enquiries**

Duly completed applications together with all the required documents may be submitted to:

The Registrar  
HPCSA  
P O Box 205  
PRETORIA  
0001

#### **Incomplete applications will not be considered**

5. Applications for registration are submitted to the Education Committee of the Professional Board for consideration. A response on the outcome of an application can only be given after an Education Committee meeting has been held.

**APPLICATION FOR REGISTRATION AS:** .....

Category: .....

1. Title: (Dr/Mr/Mrs/Miss): ..... Surname: .....
2. First name(s): .....
3. Date of birth: ..... Birth Place: .....
4. Postal address: .....  
.....  
.....
- Tel. (Work): .....(Home): .....
- Present employer: .....
5. Position/appointment held: .....

**6. Qualifications**

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

**7. Practical Training** (Completed concurrent with or after completion of professional training)

Name of Institution	Category in which training was completed	From		To	
		Month	Year	Month	Year

**8. 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

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

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

I accept that my application may be delayed should I fail to submit all the relevant documentation or to provide the relevant information.

Signature: .....Date: .....

**(Refer to paragraph 3 of the guidelines for documentation to be attached to this application.)**

**OFFICIAL USE**

<b>Documents received</b>	<b>Yes</b>	<b>No</b>
Notarised copies of all degree/diploma certificates		
SAQA Evaluation Certificate		
Certified copy of official and detailed curriculum		
Work permit		
Offer of employment in South Africa		
Certificate of status (good standing) issued by foreign registration authority		
Passport/Proof of South African citizenship (if applicable)		
Letter of endorsement: Foreign Workforce Management		