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

Department: PROFESSIONAL BOARDS

Reference:

Date:

Dear Madam

**REQUEST FOR ASSISTANCE WITH PREPARATIONS WITH CLINICAL EXAMINATION
FOR FOREIGN QUALIFIED PRACTITIONERS**

The Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy requires all foreign qualified practitioners to pass an examination conducted by examiners appointed by the Professional Board before they may register with the Health Professions Council of South Africa and practice their profession in South Africa.

The examination has a written and a practical component. The practical component requires that the candidate presents 1 case study of patients/clients (of any age group) and demonstrate a minimum of 8 weeks treatment sessions that she/he had with the specific patients/clients by visual recording.

The Professional Board requests your permission that _____ **(Name)** may treat a patient/client (s) for a period of not more than 3 months prior to the scheduled examination. Informed consent will have to be obtained from the patient/client (s) for his/her/ their participation in treatment and one treatment session may be recorded. The candidate must obtain written informed consent from the patient/s.

The recording of the treatment session will be in safe-keeping by the examiners who managed the examination until the results of the examination have been finalized and will then be destroyed.

Your favourable consideration of this request will be appreciated.

Yours sincerely

ADMINISTRATOR