

PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIODIAGNOSTICS

GUIDELINES FOR REGISTRATION OF FOREIGN QUALIFIED PODIATRISTS

These guidelines are intended to assist applicants who hold foreign qualifications and wish to register with the HPCSA in South Africa. This procedure consists of three stages.

A STAGE 1 APPLICATION

1. A foreign qualified applicant must hold a qualification entitling him or her to practise as a podiatrist 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 Podiatrists in South Africa.
3. Please note that **separate** applications should be prepared and submitted to –
 - the Health Professions Council of South Africa
 - the Foreign Workforce Management Program (FWMP) 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 certified by an attorney in his or her capacity as notary public and bearing the official stamp as well as a 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.
 - Original academic transcripts (academic record) issued by your educational institution indicating course content of each qualification and a sworn translation of these into English (copies of original documents will only be accepted if duly certified as outlined above).
 - A recent original Certificate of Status (Certificate of Good Standing), indicating that the applicant is in good standing, issued by the foreign registration authority/ies where the applicant is currently registered/practising 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 Foreign Workforce Management Programme (FWMP) of the National Department of Health (Form 176 DOH attached hereto for this purpose). *The application for this purpose should be compiled and submitted directly to The Programme Manager, FWMP, 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 FWMP 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 Foreign Workforce Management Programme (FWMP) of the National Department of Health is **not** required.

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.
7. Applications for registration are submitted to the Education, Training and Registration Committee of the Professional Board for consideration at pre-scheduled meetings. A response on the outcome of an application can only be given after an Education, Training and Registration Committee meeting has been held.

B STAGE 2 EXAMINATION

Upon receipt of written confirmation by the Education, Training and Registration Committee of the Professional Board that the applicant is eligible to sit the Board Examination, the applicant must submit the following to the Board:

- Examination application form, duly completed.
- A copy of the letter issued by the Education, Training and Registration Committee of the Board confirming that the applicant is eligible to sit the examination.
- The applicable examination fee

The date and venue of the examination will be determined by the Board.

Proof of payment should be submitted with the application.

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 Professional Board, a formal offer of employment issued by the FWMP 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 further 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
SOUTH AFRICA

OR
553 Madiba Street
Arcadia
PRETORIA

**APPLICATION FOR REGISTRATION AS A
PODIATRIST**

- Public Service**
 Education
 Postgraduate Study
 Volunteer Service

APPLICATION FOR REGISTRATION AS A PODIATRIST

1. Title (Mr, Mrs Miss, etc): Surname:
 2. Maiden Name (if applicable):.....
 3. First name(s):
 4. Date of birth: Birth Place:
 5. Postal address:
.....
.....
 - Tel. (Work): (Home):
 - Cell: Fax:
 - E-mail Address:
 6. Present employer:
Position/appointment held:
 7. *Marital Status: Single Married Divorced Widowed *Gender: Male Female
*Race African Asian Coloured White *Country of origin:
- * For statistical purposes only – Information required by the National Department of Health.

8. Qualifications

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

9. Practical Training (Completed concurrent with or after completion of professional education)

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

10. **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

11. **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 a Podiatrist 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 Podiatrist 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 this
.....day of 20.....

Signature:

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 a Podiatrist.

SignatureProfession or calling

SWORN before me atthis.....day of

..... 20

Signature

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 a Podiatrist.

Signature

Profession or calling

SWORN before me at this day of

..... 200.....

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.

Any other relevant information which the applicant wishes to bring to the attention of the Board:

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

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

Signature: Date:

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

FOR OFFICIAL USE ONLY		
Documents received	Yes	No
Copies of all qualification certificates		
Academic transcripts		
Certificate of status issued by foreign registration authority		
Passport or Identity Document		
Letter of endorsement - Foreign Workforce Management Programme (FWMP)		

**PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIODYNAMICS
OF THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

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

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 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 Foreign Workforce Management Programme 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 Foreign Workforce Management Programme of the National Department of Health.
2. Applications must be accompanied by –
 - a. proof of the applicant holding an appropriate qualification in podiatry 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.

D. REGISTRATION AS A PODIATRIST 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 Foreign Workforce Management Programme of the National Department of Health.
- 2. The application must be accompanied by –
 - a. proof of the relevant practitioner holding an appropriate qualification in podiatry 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 will be for an initial period of one year only. Such registration could, however, be extended by the Board on a year-to-year basis for a further period of one year.

E. REGISTRATION IN THE CATEGORY POSTGRADUATE STUDY/EXCHANGE REGISTRARS

- 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 Foreign Workforce Management Programme of the National Department of Health.

- b. Applications must be accompanied by –
 - i. proof of the applicant holding at least a basic qualification in podiatry 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.