

**PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND  
BIOKINETICS**

**APPLICATION FOR PRACTICE ACCREDITATION**

**ADDING OR CHANGE OF SUPERVISORS:**

This form is to be completed by any Biokinetics accredited practice where a supervisor/s of Interns change or join the practice. Please ensure you are familiar with the rules and guidelines for accreditation before completing this form. The following documents must be submitted together with this form to the Education and Training Division for further consideration by the PPB Board, before the new Biokineticists commence with supervising Interns.

**CHECKLIST** (the following must all be submitted together with the Letter of Intent F206A)

Form 206 D	
New supervisor/s' CPD Activity Record – HPCSA <a href="http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/board_nominations/CPD%201%20%20IAR.pdf">http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/board_nominations/CPD%201%20%20IAR.pdf</a>	
CPD Certificates	
BLS level 1 inclusive of CPR and AED	
Proof of Malpractice insurance	
Proof of registration with the HPCSA	

**CPD Record – HPCSA**

- 60 points are required for 2 years before the application.
- 10 Ethics, human rights and medical law for 2 years before the application
- Certificates need to be attached as proof for all CPD courses done.

**BLS level 1**

- Inclusive of CPR and AED

**Malpractice insurance**

- Can be obtained from BASA – [www.biokineticssa.org.za](http://www.biokineticssa.org.za)

**1. PRACTICE DETAILS**

1.1	NAME OF INSTITUTION/ PRACTICE:	
1.2	HEAD OF INSTITUTION/ PRACTICE:	
1.3	Postal address \:	
1.4	Physical address \:	
1.5	Code and Tel no:	
	Fax no:	Cell no:
	E-mail address:	

**2. SUPERVISOR(S) TO BE ADDED**

Initials, Surname and HPCSA registration number	Highest academic qualification	Biokinetics experience	Years of registration with the HPCSA	Evaluator comments

**3. SUPERVISOR(S) TO BE replaced**

<b>Initials, Surname and HPCSA registration number</b>

.....  
**SIGNATURE Evaluator**

.....  
**DATE**

**TEL:** .....

**CELL:** .....

.....  
**SIGNATURE OF ETRC CHAIRPERSON**

.....  
**DATE**

**TEL:** .....

**CELL:** .....

