

**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIODIAGNOSTICS
LETTER OF INTENT
TRAINING OF INTERN BIODIAGNOSTICISTS**

Please complete the form below and indicate the reason for this application. Please note that all applications will only be considered twice a year and the closing date for submitting your application together with supporting documents is:

**Round 1 - End February
Round 2 - End June**

DETAILS OF APPLICANT

Title (Prof/Dr/Mr/Mrs/Ms):

Initials and Surname:

Maiden Name (if any):

HPCSA BK no:

Tel no.: (.....)..... Cell no.:

E-mail address:

APPLICATION

Indicate the reason for this application (tick appropriate box)

<input type="checkbox"/>	First application for accreditation (Form 206B)
<input type="checkbox"/>	Renewal of application (Form 206B)
<input type="checkbox"/>	Change of Practice Location (Form 206C)
<input type="checkbox"/>	Adding or Change of Supervisors (Form 206D)
<input type="checkbox"/>	Change of Practice Name (Form 206E)

DETAILS OF PRACTICE/S TO BE ACCREDITED

A. Name of practice:

Physical location (Address) of practice:

.....

.....

Postal Address:

..... (Postal code:

B. Additional Practice

Name of Practice:

Physical location (Address) of practice:

.....

Postal Address:

..... (Postal code:)

C. Additional Practice

Name of Practice:

Physical location (Address) of practice:

.....

Postal Address:

..... (Postal code:)

I, the undersigned, declare that I am aware of the stipulations and guidelines about the training of intern Biokineticists and hereby undertake to abide by these rules and guidelines.

Comment (if any):

.....

.....
SIGNATURE

.....
NAME (PLEASE PRINT)

.....
DATE