HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
PROFESSIONAL BOARD FOR ENVIRONMENTAL HEALTH PRACTITIONERS
GUIDELINES FOR REGISTRATION OF ENVIRONMENTAL HEALTH ASSISTANTS

These guidelines are intended to assist an applicant who wishes to register as an environmental health assistant with the Professional Board for Environmental Health Practitioners.

The Board confirmed the following policy for the registration of environmental health assistants without a formal qualification:

a. A practising environmental health assistant with less than 2 years experience would have to undergo a 3 month mentoring period under the guidance and supervision of a qualified and registered environmental health practitioner, to be followed by an assessment, upon successful completion of which such applicant would qualify for registration with Council;

b. A practising environmental health assistant with more than 2 years experience as environmental health assistant would have to undergo an assessment upon successful completion of which they would qualify for registration with Council;

c. A practising environmental health assistant who qualified for registration through the process in a. and b. above could be registered in a supplementary register if such applicant had not completed a formal qualification;

1. Professional Studies
   1.1 Where applicable 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 (4) below:
   3.1 the attached application form, duly completed;
   3.2 copies of all degree/diploma certificates or similar academic qualifications certified only by an attorney in his capacity as notary public and bearing the official stamp;
   3.3 A copy of a valid Passport or Identity Document as proof of current citizenship, duly certified by a notary public as indicated above.
   3.4 Curriculum vitae (CV), service record and the employer/s’ testimonials.

4. Address/Enquiries
Duly compiled applications or written enquiries may be sent to:

The Registrar
HPCSA
P O Box 205
PRETORIA
0001

5. No application will be considered without all requested documentation being submitted.
APPLICATION FOR REGISTRATION AS AN ENVIRONMENTAL HEALTH ASSISTANT

1. Title: (Dr/Mr/Mrs/Miss): ........... Surname: ..............................................................

2. Maiden Name: .........................................................................................................

3. First name(s): ........................................................................................................

4. Date of birth: ................................... Place of birth: ..........................................

5. Postal address: .......................................................................................................

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

................................................................................................................................. Postal code: ............

Tel. (Work): ............................................. (Home): ..................................................

E-mail address: ..................................... Cell: .........................................................

6. Present employer: ................................................................................................

Current Position/appointment: .................................................................................

7. Qualifications

<table>
<thead>
<tr>
<th>Name of Degree/Diploma</th>
<th>University/Training Institution where degree/qualification was obtained</th>
<th>From</th>
<th>To</th>
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8. Practical Training (Completed concurrent with or after completion of professional training)

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<thead>
<tr>
<th>Name of Institution</th>
<th>Category in which training was completed</th>
<th>From</th>
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Form 176 EHP ASST
2016-03-03
9. **Professional Experience** (In chronological order)

<table>
<thead>
<tr>
<th>Name of institution</th>
<th>Nature of appointment held</th>
<th>Full-time/ part-time</th>
<th>From</th>
<th>To</th>
<th>Total period in months</th>
<th>Enclosed documentary evidence marked A, B, etc</th>
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9. Any other relevant facts which the applicant wishes to bring to the attention of the Professional Board:

- ............................................................
- ............................................................
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- ............................................................

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**

<table>
<thead>
<tr>
<th>Documents received</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Copies of all degree/diploma certificates</td>
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<td>Transcripts of record - Curricula</td>
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<td>Identity document, passport or proof of South African citizenship</td>
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