



PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS & PROSTHETICS & ARTS THERAPY

APPLICATION FOR REGISTRATION AS AN OCCUPATIONAL THERAPY TECHNICIAN

Form 24 OTT

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PRINT and return the ORIGINAL FORM to: The Registrar, PO Box 205, Pretoria 0001 by registered mail for ease of tracking mail. 553 Madiba Street, Arcadia, Pretoria 0083

FOR OFFICE USE ONLY

A. PERSONAL PARTICULARS

HPCSA Registration Number:

I, (Dr, Mr, Mrs, Miss) Surname:

Maiden name (if applicable):

First names: Identity No.:

Postal address:

Postal code:

Residential address:

Postal code:

Tel (H): (W):

Cell: Fax:

Email:

* Marital Status: Divorced Married Single Gender: Male Female

* Race: Asian African Coloured White Country of origin:

Hereby apply to register as and declare that I am the person

referred to in the certificate below. Further, I have never been convicted of any criminal offence or been debarred from practising my profession in any country by reason of a criminal offence or unprofessional conduct and to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present.

SIGNATURE: Date: 20

Received on

Amount

Receipt No.

Reg. Date

Bank Details:

HPCSA Bank: ABSA Branch: Arcadia Branch code: 334945 Acc. No. 0610000169

I certify that the application meets the requirements as outlined in section B and that I have verified the application:

Registration Officer:

Signature:

Date:

B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:

- 1. Registration fee of R587.00 plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300. Please attach a copy of the proof of payment.
2. Documentary evidence of having successfully completed the examination of the Board;
3. A copy of my occupational therapy assistant (OTB) registration certificate with the Health Professions Council of South Africa.
4. A copy of my identity document or birth certificate.
5. A copy of my marriage certificate (should you wish to register in your married surname).

*Please complete for statistical purposes.

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.