

**PROFESSIONAL BOARD FOR OPTOMETRY AND
DISPENSING OPTICIANS**

APPLICATION FOR APPROVAL OF A MOBILE PRACTICE

SECTION A: THE APPLICATION PROCESS

1. This is the application form which should be submitted to the Board when applying for approval of a mobile practice.
2. Applications for approval of mobile practices will only be approved by the Professional Board according to
 - a. the ethical rules of conduct for practitioners registered under the Health Professions Act, 1974: Amended February 2009.
 - b. Guidelines of the Professional Board for Optometry and Dispensing Opticians on vision screening, itinerant practices and mobile clinics.
3. The practice could be investigated or inspected by the Board from time to time and action taken if a practitioner fails to comply with the stipulations in the ethical rules and ethical principles applied by the Board and Council.
4. The approval granted by the Board for mobile practice is valid for one year only. Practitioners should re-apply on an annual basis to be granted approvals.
5. Operating a mobile practice without having obtained approval from the HPCSA will result in appropriate action being taken against the practitioner.

SECTION B: PARTICULARS OF APPLICANT

Title: _____

Initials and Surname: _____

HPCSA Registration Number: _____

Postal Address: _____

Name of Practice: _____

Practice Address: _____

Practice Tel Number: _____

Cell phone number: _____

Fax Number: _____

E-mail address: _____

SECTION C: PARTICULARS OF MOBILE PRACTICE

- a. Definition of the area / areas where mobile practice will be operated: _____

- b. State the specific motivation for the need for a mobile practice in your chosen area / areas:

c. Provide the following information:-

1. Brief description of the mobile unit/service for which approval is being sought.

2. Schedule for mobile eye care services to identified areas per week / per month.

3. Names and HPCSA registration numbers of other Optometrists who will be involved in rendering of the mobile eye care services?

4. Closest optometric private practice.(Provide name, address and distance from designated underserved area that this application will cover)

5. Closest state facility providing eye care services.

SECTION D: OTHER INFORMATION:

Please provide any other relevant information pertaining to the application.

SECTION E: DECLARATION

I, _____, in my capacity as
(Full names and Surname)

_____ in relation to the mobile
practice referred to above understand, confirm and agree that –

- a. approval of this application for the use of a mobile practice is based on information provided by me as applicant, and I undertake to furnish the Board with any other additional information as may be required and to inform the Professional Board and BHF should any of the particulars detailed above change;
- b. the practice has been designed and will operate in accordance of the appropriate HPCSA regulations.
- c. I will at all times abide by the ethical rules of conduct No. R. 68, for practitioners registered under the Health Professions Act, 1974: Amendment published in February 2009;
- d.. the practice could be investigated or inspected by the Board from time to time and action taken if it fails to comply with the stipulations in the ethical rules and ethical principles applied by the Board and the Health Professions Council of South Africa.

Signature: _____

Date: _____

Witness (Signature): _____

Date: _____

SECTION D: APPLICATIONS FOR APPROVAL OF MOBILE PRACTICE

Duly compiled applications or written enquiries may be sent to:

The Registrar
HPCSA
P O Box 205
PRETORIA
SOUTH AFRICA
0001

Tel (012) 338 9421
Fax (012) 338 9421
Modernr@hpcsa.co.za