

**PROFESSIONAL BOARD FOR OPTOMETRY AND
DISPENSING OPTICIANS (PBODO)**

NOTIFICATION OF MOBILE PRACTICE

SECTION A: NOTIFICATION

1. Notification form must be completed in full.
2. The mobile practice may be inspected by the Board.
3. Action will be taken if a practitioner fails to comply with the ethical rules and ethical principles of the HPCSA, and guidelines of the Board.
4. The eye care practitioner must advise the PBODO in writing of any changes in the location, dates or provision of services provided by the mobile service.
5. The notification form must be submitted together with the following documents:
 - Completed equipment list
 - Completed equipment maintenance register
 - Sample of record card to be used
 - Details of operation/ locations where services will be provided

SECTION B: PARTICULARS OF APPLICANT

Title: _____

Full name and surname: _____

HPCSA registration number: _____

Physical address: _____

Postal address: _____

Name of practice: _____

Physical practice address: _____

Practice tel number: _____

Cell phone number: _____

E-mail address: _____

SECTION C: PARTICULARS OF MOBILE PRACTICE

- a. Definition of the area/areas where mobile practice will be operated (Province, town/city, village/location/suburb):

- b. Physical Address/Location where mobile practice will be operated:

c. Distance in kilometres from the area/s where mobile practice will be operated to practitioners established practice.

d. State the reason for the mobile practice to operate in the chosen area/s; Tick the appropriate reason:

No Optometry services at the Hospital in the area		No eye health practice nearby	
Request by company/organisation Provide the following: <ul style="list-style-type: none"> The reasons for the request Is it a once-off arrangement or ongoing 		To reach-out to the community and also expand business	
Other		Provide explanation if other: <hr/> <hr/> <hr/> <hr/>	

e. Provide the following information:

1. Brief description of the mobile unit/service for which approval is being sought (vehicle/permanent structure).

If vehicle - provide type of vehicle and registration number; attached photos if available.

If permanent structure – name and address of the place from which the mobile practice will operate (school/organisation etc):

2. How will the equipment be packaged or stored while in-transit?

3. Provide a schedule for operation of mobile eye care services including the after-care plan:

4. Details of all optometrists/dispensing opticians who will be involved in rendering of the mobile eye care services?

FULL NAME	HPCSA REGISTRATION NO.

5. Closest optometric or other eye care private practice or facility providing similar services (Provide name, address and distance in kilometres from area/s that this application will cover)

6. Closest state facility providing eye care services (Provide name, address and distance in kilometres from the area/s that this application will cover).

7. Please attach Memorandum of Understanding (MoU) with a healthcare facility/practitioner who will provide follow up care or services in the absence of the applicants mobile service/s.

SECTION D: OTHER INFORMATION:

1. Are clinical services being charged for?

2. Are special services being provided, e.g., low vision services, contact lens services, paediatrics etc? Describe:

3. Are optical devices being sold to patients?

Describe the nature of devices (SV, BF, MF other):

SECTION E: DECLARATION

I, _____,
(Full names and Surname)

HPCSA REG NO. _____ confirm that I am fully aware of the requirement to register a mobile practice and acknowledge the following:

- a. Failure to comply with the ethical rules and guidelines of the HPCSA and the PBODO may result in an investigation into the operation of the mobile practice/unit.
- b. The mobile practice/unit may be investigated or inspected by the HPCSA at my cost.

Signature: _____

Date: _____

Witness (Signature): _____

Date: _____

SECTION F:

Documents or written enquiries may be addressed to the Registrar and posted to HPCSA, PO Box 205, Pretoria, 0001; hand delivered to: 553 Madiba Street, Arcadia, Pretoria or emailed to: ODOboard@hpcsa.co.za