

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION

FORM 46C-CN: Community Nutrition

FORM 46C-CN	CRITERIA FOR ACCREDITATION OF **TRAINING SITES FOR EXPERIENTIAL LEARNING IN DIETETICS AND NUTRITION							
PREAMBLE:	<p>The Professional Board will consider any site of practice or satellite site of practice attached to a Faculty of Medicine/Health Sciences at a higher education institution (e.g. University), provided such site is recognised for education and training in a recognised *training area (see Table 1). Such site(s) would also have to comply with the requirements of the Professional Board</p> <p>Table 1:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Name of Training Institution (University)</td> </tr> <tr> <td style="height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">*Training area</td> </tr> <tr> <td style="text-align: center;">Community Nutrition</td> </tr> </table>				Name of Training Institution (University)		*Training area	Community Nutrition
Name of Training Institution (University)								
*Training area								
Community Nutrition								
Period for which recognition of the training site is requested:		From: [date]		To: [date]				
CRITERIA:	<ul style="list-style-type: none"> The Faculty of Medicine/Health Sciences of the University must submit a duly completed application form [FORM 46C Community Nutrition] to the Professional Board. Incomplete forms may lead to a delay in the site accreditation process. Accreditation for experiential learning in a recognised satellite **training site will be valid for a period of 5 years, where after the site will be subject to re-evaluation by the Professional Board. Continued recognition as a training or satellite training site shall be subject to submission of satisfactory evaluation reports to be carried out by the Professional Board <i>[at any time during the 5 year accreditation period]</i>. A dietitian/nutritionist working in the relevant training area will be responsible for the execution of the training programme. 							

Instructions:

- Section **1, 2** and **3** to be completed by all applicants.

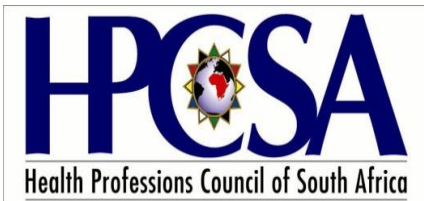
Footnote (definitions):

Education: *the act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgment, and generally of preparing oneself or others intellectually for mature life.*

Learning: *knowledge acquired by systematic study in any field of scholarly application OR the act or process of acquiring knowledge or skill.*

(Date of update: 21 Feb 2019)

****Training site:** *It is a clearly identifiable part of an institution, such as a community health clinic working on a specific common theme.*



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Application for accreditation of a **training site or satellite training site in Dietetics or Nutrition attached to a Faculty of Medicine/Health Sciences at a higher education institution (e.g. University).

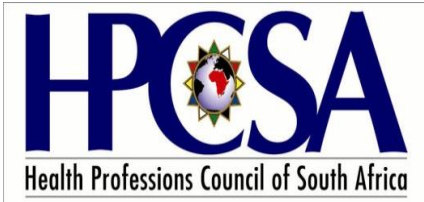
PLEASE PRINT: Incomplete applications will not be considered

SECTION 1	SOUTH AFRICAN UNIVERSITY DETAILS		
Name of University:			
Details of Head of Dietetic or Nutrition Programme (HOD) at the University			
Title		Full Name & Surname	
Postal Address at University		Physical Address at University	
Contact Number			
Email Address			

SECTION 2	**TRAINING SITE: GENERAL DETAIL:		
<i>[Please give a short comment/reason]</i>			
	Yes	No	Comments
Is there an "Orientation & Induction Program" for students for the *training area?			
Is there a dedicated work area for students? <i>[with desk & chair]</i>			
Is there access to a library or reference material?			
Is there access to a computer?			
Is there access to internet?			
Accommodation is available at the training site.			
Is electricity available on continuous basis at the accommodation and on site?			
Is there access to hot running water at the accommodation?			
Is there access to clean sanitation facilities at accommodation and on site?			
Are meals for students available on site?			

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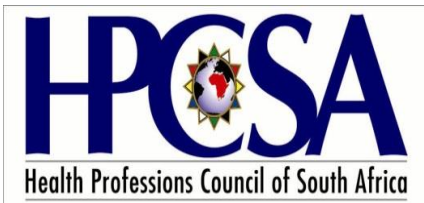
Community Nutrition

SECTION 3	COMMUNITY NUTRITION	
Details of Dietitian/Nutritionist at University responsible for training		
<i>[dietitian/nutritionist who will take responsibility for the training program on behalf of the University (Attach a concise curriculum vitae)]</i>		
Title		Full Name & Surname
Qualification <i>[Include highest relevant qualification and year obtained]</i>		
HPCSA Registration Number		DT/NT:
Contact Number		
Email Address		
COMMUNITY NUTRITION **TRAINING SITE DETAILS		
<i>[If more than one training site is to be accredited, separate application forms must be submitted for each site]</i>		
Name & Type (description) of Training site <i>[Rural Clinic, Urban Clinic, Community Health Centre, ECD centre, NGO, etc.]</i>		
Address of Training Site		
Details of Dietitian/Nutritionist at **training site		
<i>[dietitian or nutritionist who will take responsibility for training program on behalf of the training site(Attach a concise curriculum vitae)]</i>		
Title		Full Name & Surname
Qualification <i>[Include highest relevant qualification and year obtained]</i>		
HPCSA Registration Number		DT/NT:
Contact Number		
Email Address		
Full names & DT/NT numbers of ALL dietitians/nutritionists who will be involved in training		
<i>[on date of application] Attach a concise curriculum vitae]]</i>		
Full Name & Surname		DT/NT:
Full Name & Surname		DT/NT:
Full Name & Surname		DT/NT:
Full Name & Surname		DT/NT:
Full Name & Surname		DT/NT:
Full Name & Surname		DT/NT:

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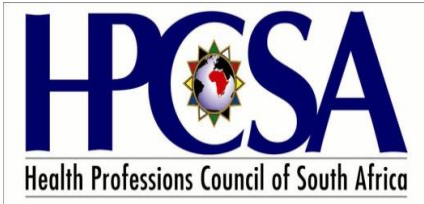
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Total Number Of Patients Seen PER MONTH			
CDL including Diabetes, High blood pressure, TB, HIV, etc		Infants (0-24 months)	
Maternal Health		Young Children (25-59 months)	
Elderly (Geriatrics)		Other,	
Indicate what on site exposure will be provided to students with regards to the following aspects during COMMUNITY NUTRITION training & give descriptions			
	YES	NO	Description
Nutritional assessment			
Interpretation & Analysis of relevant clinic records (e.g. RTHBs)			
Routine infant care (e.g. growth monitoring and immunization)			
Home-based care <i>[visits]</i>			
Individual counselling <i>[in- or out-patient]</i>			
Group counselling <i>[in- or out-patients]</i>			
Compiling and making of visual aids and educational material.			
School visits/lectures/talks			
Vegetable Gardens			
Educating and advising Nursing staff/lay workers on nutrition			
Promotion of healthy eating and Food-based Dietary Guidelines			
Breast feeding practices			
Infant & young child feeding			
Nutrition in pregnancy & lactation (Antenatal care)			
Oral rehydration			

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Non-communicable diseases <i>[diabetes, cardiac, hypertension, etc]</i>			
HIV/AIDS <i>[counselling, in- & out-patients, dietary management]</i>			
Community Outreach activities <i>[e.g. campaigns, health days, etc]</i>			
Other, not mentioned above			

**Exposure in this document refers to participation and practice, knowledge and skills development*

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Declaration & Relevant Signatories of **Training Site Management			
We, the undersigned, certify that the Training Site has the capacity for education and training in the relevant training areas indicated above, and that all information provided above is accurate. We undertake to provide sound quality training to the best of our ability to all students placed.			
Person responsible for training program at Training Site	Full name	Signature	Date
Medical Superintendent/ Head of Training Site	Full name	Signature	Date
Declaration & Relevant Signatories of University (Higher Education Institution)			
We, the undersigned, certify that the Faculty of Medicine/Health Sciences of this University has the capacity for education and training in the relevant training areas indicated above, enjoys full access to the Training Site and that the Faculty undertakes to ensure that the Training Site shall fully meet the requirements of the Professional Board for Dietetics and Nutrition for education and training in the training area indicated on page 1 of this document.			
Academic Head (HOD)/Program Manager	Full name	Signature	Date
Dean: Faculty of Medicine/Health Sciences	Full name	Signature	Date



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Application approved	YES	NO	Valid Period	
If NO, Reasons				
Year of next evaluation				
Ratified by	Full Name	Signature	Date	
Chairperson of Professional Board of Dietetics and Nutrition				
Chairperson of HPCSA Executive Council				

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