



THE PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND PROSTHETICS AND ARTS THERAPY

Form 27 OB/OSA

INTERN DUTY CERTIFICATE – MEDICAL ORTHOTISTS AND PROSTHETISTS, ORTHOPAEDIC FOOTWEAR TECHNICIANS AND ORTHOPAEDIC TECHNICAL ASSISTANTS

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

A. ISSUED BY

Name of training center:

Full postal address:

Code:

Telephone No.

B. DECLARATION BY SUPERVISOR

It is hereby certified that (Mr/Mrs/Miss*):

Candidate's full names and surname:

Postal address:

Code:

Was TRAINED at this institution from::

20

to:

20

and that he/she –

Underwent practical training of a minimum of three years as set out in the Rules for the registration of Orthopaedic Footwear Technician and that his/her service was satisfactory.

OB

Underwent practical training of a minimum of two years as set out in the Rules for the registration of Orthopaedic Technical Assistants and that his/her service was satisfactory.

OSA

Report attached

Yes

No

1.

SIGNATURE: SUPERVISOR AT TRAINING CENTER

Name: Please print

Date: 20

2.

SIGNATURE: HEAD: MEMBER OF PROFESSIONAL BOARD/MOP

Name: Please print

Date: 20

* Delete where not applicable. If the candidate's service was not satisfactory, a detailed explanation, setting out the reasons, should be submitted. This explanation must be signed by persons 1 and 2.

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.