

 <p>Form 18 A OCP</p>	<p align="center">HEALTH PROFESSIONS OF SOUTH AFRICA</p> <p align="center">PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND PROSTHETICS AND ARTS THERAPY</p> <p align="center">FIRST APPLICATION FOR THE RESTORATION OF NAME TO THE REGISTER</p>
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The procedure relating to the restoration of name to the register should be read in conjunction with the restoration guidelines reflected on the website of the Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy.

Form 18 A OCP and Form 18, together with the requirements listed should be duly completed and submitted to the HPCSA as the first step in applying for the restoration of name to the register.

FURTHER DOCUMENTATION TO BE SUBMITTED IN ADDITION TO THE REQUIREMENTS REFLECTED IN FORM 18:

Restoration following voluntary erasure or erasure due to non-payment of annual fees:

- A summary of activities and employment within and outside the profession during the period of erasure (Template attached hereto).
- Original documentary evidence of work experience issued by the relevant employers. Evidence regarding experience and appointments held must specify the exact nature and extent of work performed and the periods during which the appointments were held
- A summary of CPD activities completed during the period of erasure as per the Continuing Professional Development policy of Council (Template attached hereto).
- Original documentary evidence regarding undergraduate and / or postgraduate studies since erasure from the register (if applicable).
- If the applicant was registered outside South Africa since erasure of his/her name from the register, a recent original Certificate of Status (Certificate of Good Standing), issued by the foreign registration authority within the preceding three months.



**Form 18 A OCP
Application for
Restoration**

HEALTH PROFESSIONS OF SOUTH AFRICA

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

FIRST APPLICATION FOR RESTORATION OF NAME TO THE REGISTER

APPLICANT

Registration Number

Title (Mr, Mrs, etc.), Initials and Surname

Date of Erasure (For office use only)

Summary of activities and employment since erasure of name from the register:

Activities / Name of Institution	Nature of appointment held	From		To	
		Month	Year	Month	Year

FURTHER STUDIES UNDERTAKEN SINCE ERASURE OF NAME FROM THE REGISTER (IF APPLICABLE)

QUALIFICATION / COURSE	NATURE AND RELEVANCE	DATE STARTED	DATE COMPLETED

CPD ACTIVITIES ATTENDED DURING PAST TWO YEARS

CPD ACTIVITY	DATE ATTENDED	LEVEL	NUMBER OF CEU'S
Total CEU's			

I hereby declare that the information contained in this document is to the best of my knowledge correct and that I may be required to meet specific requirements in order to have my name restored to the register.

SIGNATURE: APPLICANT	DATE
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2012-12-19