

**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

**PROFESSIONAL BOARD FOR DIETETICS**

**GUIDELINES FOR REGISTRATION OF FOREIGN QUALIFIED NUTRITIONISTS**

These guidelines are intended to assist an applicant who wishes to apply for registration with the Professional Board for Dietetics. The procedure consists of 3 stages.

**A STAGE 1 APPLICATION**

1. A foreign qualified applicant with a 4 year-bachelor degree in nutrition obtained outside South Africa may apply to the Board for permission to write the examinations **ONLY** if they have secured a letter of endorsement from the Foreign Workforce Management Program (FWMP) of the National Department of Health in South Africa. It is important to understand that the securing of a letter of endorsement does not automatically qualify the applicant to write the Board exams which are compulsory for all Nutritionists wishing to register in South Africa. The Board will first examine the application in terms of its academic and practice merits.
2. In order to do so, the education and training which the applicant received in the country where she/he qualified, must meet the requirements of the Board for the education and training required for qualifying and practising in South Africa. The Board will establish whether an applicant meets the prescribed outcomes and level of competence required for practising nutrition in South Africa, and hence be allowed to write the exams.
3. Please note that **separate** applications should be prepared and submitted to –
  - the Foreign Workforce Management Program (FWMP) for Health of the National Department of Health in South Africa – See Form 176 DOH
  - the Health Professions Council of South Africa **ONLY** after securing a letter of endorsement from the FWMP
4. The following documents must be submitted to the Board at the address provided below:
  - A letter of endorsement in support of the application for registration issued by the Foreign Workforce Management Program (FWMP) of the National Department of Health. Applications should be directed to The Program Manager, FWMP, Room 1123, Fedlife Building, National Department of Health, Private Bag X828, Pretoria, 0001, RSA (e-mail: [smiths@health.gov.za](mailto:smiths@health.gov.za) or [pinal@health.gov.za](mailto:pinal@health.gov.za)). Applicants who fail to secure the support of the FWMP towards an application for registration or employment will not be eligible for registration.
  - The attached application form, duly completed.

- Copy of degree certificate or other basic qualification and a sworn translation in English (Copies will **only be accepted if certified by an attorney in his/her capacity as a notary public and bearing the official stamp**. Copies certified only by a Commissioner of Oaths **will not be accepted**. Only original translations of the required documents done by a sworn translator and duly sealed and notarised will be accepted. In addition to such English translations, legible copies of the original documents, certified and duly sealed by a Notary Public should be submitted. Alternatively original documents together with copies could be submitted for verification by the relevant Council staff. In view of possible damage or loss of such documents it is not advisable to send such documents by mail.
- Documentary proof of internship training or equivalent training/experience, issued by the relevant institution(s). See attached document.
- A recent original Certificate of Status (Certificate of Good Standing), indicating that the applicant is in good standing, issued by the foreign registration authority where the applicant is currently registered issued within the preceding three months.
- A copy of a valid Passport or Identity Document as proof of current citizenship, duly certified by a notary public as indicated above.

In addition to the above minimum requirements, applicants are required to submit the following documentation (in English) to the Board:

- An original academic record or transcript of record issued by the university or educational institution reflecting course content in respect of each year of study (copies of original documents will only be accepted if duly certified by an attorney in his/her capacity as a **NOTARY PUBLIC and bearing the official stamp**).
- A detailed curriculum of the applicant's course of study, specifying courses, content of education (theory) and training (practical/clinical), duration and mode of examination/evaluation.
- Documentary proof of postgraduate/work experience in nutrition issued by the relevant employers. In the case of supporting evidence regarding experience and appointments held, such documents must specify the exact nature and extent of work performed and the periods during which the appointments were held.

## **B STAGE 2 EXAMINATIONS**

Once the documents have been assessed by the Board they will be evaluated in order to decide whether the applicant complies with basic education and training requirements for the practice of nutrition in South Africa. **The requirement of practical exams will be decided based on the work experience of the applicant.** The Board will inform the candidate whether they are eligible to write the exams and whether they are required to do practical exams.

**The following 3 theory exams will need to be successfully completed with a minimum of 50% each by each applicant:**

- ✓ Therapeutic nutrition;
- ✓ Food service administration; and
- ✓ Community nutrition.

If the applicant is required to do practical examinations it will mean that the applicant will be required to do a 3 month practical module in one or more of the 3 theory areas specified. This should be done at the University where the examinations are written.

The examinations will be written in November every year at the Dietetics/ Human Nutrition Department of the applicant's choice. The Chairperson of the Education Committee together with the Board secretariat will make arrangements with the Head of Department of Dietetics for the applicant to write the final year examination papers with the final year dietetic students. If practical work is required this will also be arranged.

The closing date for applications will be 30 June annually for the Board examinations in Nutrition in November.

**NOTE:**

- a. Candidates who obtain at least 50% in all subjects in the full university examination and have done the required practical/s, will pass the examination and will be registered as a Nutritionist.
- b. Candidates who fail one or more subjects with 45% to 49% are required to re-write those subjects.
- c. Applicants who FAIL an examination are afforded only one further opportunity to have their competence re-assessed at a future examination. Under exceptional circumstances an applicant could submit a detailed motivation to the Board for consideration.

**C STAGE 3 REGISTRATION AND FEES**

The Board will issue a Certificate of Competence to applicants who have been successful in the examinations. Such applicants will qualify for registration in the category **Public Service** (Nutritionists) by submitting a copy of the letter issued by the Board, a formal offer of employment issued by the FWMP of the Department of Health, the prescribed annual registration fee as well as the documentation listed in the letter.

No registration certificate will be issued without all requested documentation being submitted.

**Address/Enquiries**

Duly compiled applications or written enquiries may be sent to:

The Registrar  
Professional Board for Dietetics  
HPCSA  
P O Box 205  
PRETORIA  
0001

**THIS FORM SHOULD BE COMPLETED BY FOREIGN QUALIFIED NUTRITIONISTS WHO WISH TO WRITE THE EXAMINATIONS REQUIRED FOR REGISTRATION WITH THE COUNCIL**

1. Title (Prof, Dr, Mr, Ms): ..... Surname: .....
  2. Maiden Name (if applicable): .....
  3. First name(s): .....
  4. Date of birth: ..... Birth Place: .....
  5. Postal address: .....  
.....  
.....
- Tel. (Work): ..... (Home): .....
- Cell: ..... Fax: .....
- E-mail Address: .....

\*Marital Status:  Divorced  Married  Single      Gender:  Male  Female

**6. Qualifications:**

Name of Degree	University or Institution where degree/qualification was obtained	From		To	
		Month	Year	Month	Year

**7. Internship**

Name of Institution	Categories / Domains	From		To	
		Month	Year	Month	Year

**8. Professional Experience (in chronological order)**

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

**9. DECLARATION BY APPLICANT APPLYING FOR REGISTRATION IN TERMS OF SECTION 24 OF THE HEALTH PROFESSIONS ACT, 1974**

I, .....hereby declare under oath as follows:

- a. I am the person referred to in the accompanying certificate(s) of qualification(s) which I submit in support of my application to be registered as a **NUTRITIONIST** in the Republic of South Africa.
- b. The said qualification(s) was/were granted to me after examination and is/are my own lawful property, and entitle me as far as professional qualifications are concerned, to practise as a **NUTRITIONIST** in the country of its/their origin, namely -  
.....
- c. The course of study in professional subjects which I underwent, covered a period of ..... academic years. The last ..... academic years of professional study for admission to the examination for the qualification(s) in respect of which I apply for registration, were taken at ..... (insert name of University )
- d. I have never been convicted in any country of any offence against the law or been debarred from practice by reason of misconduct and, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at present\*.
- e. I further accept that my application may be delayed should I fail to submit all the required documentation.

Signature .....

SWORN before me at ..... this .....day of ..... 200.....

Signature: .....

**Justice of the Peace or Commissioner of Oaths**

I, the undersigned\*\* ..... hereby declare under oath: of ..... hereby declare under oath:

I personally know ..... whose signature appears above. To the best of my knowledge and belief, the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as a **NUTRITIONIST**.

Signature .....Profession or calling .....

SWORN before me at .....this.....day of ..... 200 .....

Signature .....

Justice of the Peace or Commissioner of Oaths

District of .....

I, the undersigned\*\* ..... hereby declare under oath: of ..... hereby declare under oath:

I personally know ..... whose signature appears above. To the best of my knowledge and belief the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as a **NUTRITIONIST**

Signature .....

Profession or calling .....

SWORN before me at .....this.....day of

..... 200.....

Signature: .....

Justice of the Peace or Commissioner of Oaths

District of .....

\* If the applicant is unable to make the declaration in paragraph 11 above, the Council, in order to consider the application, will require full particulars of the reasons for his or her inability.

\*\* The signatories should preferably be Nutritionists

The completed form is to be returned to the Registrar, Health Professions Council of South Africa, P O Box 205, Pretoria, 0001.

**10. Any other relevant facts which the applicant wishes to bring to the attention of the Board:**

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**FOR OFFICIAL USE ONLY**

Documents received	Yes	Date Received
A letter of endorsement in support of the application for registration issued by the Foreign Workforce Management Program (FWMP) of the National Department of Health		
Notarised copies of degree certificates		
Official and detailed curriculum of course of study		
Proof of postgraduate - / work experience / internship		
Verification of credentials by the ECFMG (not required for nutritionist)		
Proof of Training as Intern in Dietetics (Practical/Clinical Training)		
Certificate of Status		
Proof of citizenship, Passport or Identity Document		
Examination Fee		
Registration Fee		

**COMMENT:**