
GOVERNMENT NOTICES

GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF HEALTH

DEPARTEMENT VAN GESONDHEID

No. R. 1089**11 November 2005**

HEALTH PROFESSIONS ACT, 1974 (ACT NO. 56 OF 1974)

REGULATIONS RELATING TO FEES PAYABLE TO COUNCIL: AMENDMENT

The Minister of Health has, in terms of section 61(2) and (7)(b) of the Health Professions Act, 1974 (Act No. 56 of 1974), in consultation with the Health Professions Council of South Africa, made the regulations in the Schedule.

SCHEDULE

Definition

1. In these regulations "the Regulations" means the regulations published under Government Notice **No. R. 1560** of 31 October 2003.

Amendment of regulation **3** of the Regulations

2. Regulation 3 of the regulations is hereby amended by the substitution for paragraph (a) of the following paragraph:


- "(a) The restoration fee payable by a practitioner if he or she applies for the restoration of his or her name to the register from which it was removed under section 19(1)(a), (b) or (d) of the Act -
- (i) within a period of six months after the erasure date, shall be equivalent to twice the applicable annual fee for the current year, plus outstanding fees, if any;
 - (ii) after a period of six months, but within 12 months of the erasure date, shall be equivalent to four times the applicable annual fee for the current year, plus outstanding fees, if any; **or**
 - (iii) after a period of more than **12** months after the erasure date, shall be equivalent to five times the applicable annual fee for the current year, **plus** outstanding fees, if any."; and

(b) the insertion of the following paragraph after paragraph (a):

"(aA) An application for the restoration referred to in paragraph (a) and for the restoration of a name removed in terms of section 19(1)(c) of the Act shall be made on the application form set out in the Annexure."

Addition of Annexure to the Regulations

3. Insert the following annexure at the end of the Regulations:

 <p>HPCSA Health Professions Council of South Africa</p>	<p>APPLICATION FOR RESTORATION OF NAME TO REGISTER IN TERMS OF SECTION 19(5) OF THE HEALTH PROFESSIONS ACT, 1974 (ACT NO. 56 OF 1974)</p> <p>return to: The Registrar, PO Box 205, Pretoria 00011 553 Vermeulen Street, Arcadia, Pretoria, 0083</p>	<p>FOR OFFICE USE ONLY</p>
<p>NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION</p>		<p>Received on</p>
<p>A. PERSONAL PARTICULARS:</p>		<p>Amount</p>
<p>HPCSA Registration No.:</p>		<p>Receipt No.</p>
<p>I. (Dr. Mr. Mrs, Miss) Surname:</p>		<p>Removed under section 19(1)()</p>
<p>Maiden name (if applicable):</p>		<p>Date restored</p>
<p>First names: Identity No.:</p>		<p>Original reg. date</p>
<p>Postal address:</p>		<p>BANKING DETAILS</p>
<p>..... Postal code:</p>		<p>ABSA BANK</p>
<p>Residential address:</p>		<p>Account No.:</p>
<p>..... Postal code:</p>		<p>0610000189</p>
<p>Tel (H): (W):</p>		<p>Branch: Arcadia</p>
<p>Cell: Fax:</p>		<p>Branch code:</p>
<p>Email address:</p>		<p>Please fax your application form and proof of payment to (012) 324 5726.</p>
<p>*Marital status <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>		<p>Verified</p>
<p>*Race: <input type="checkbox"/> Asian <input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> White Country of origin:</p>		<p>Date</p>
<p>I request that my name be restored to the register of for the Republic of South Africa,</p>		<p>Prepared</p>
<p>and hereby make oath and declare that I was registered as a with the registration number and that my name was removed from the register under section 19 of the Act.</p>		<p>Date</p>
<p>I also declare that I have never been convicted of any criminal offence or been suspended from practice by reason of unprofessional conduct in any country and that, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct are pending against me in any country at present."</p>		<p>Verified</p>
<p>or SIGNATURE _____ DATE: _____ PRACTITIONER</p>		<p>Date</p>
<p>or SIGNATURE: _____ TO BE COMPLETED BY COMMISSIONER OF OATHS</p>		<p>Verified</p>
<p>or Sworn before me at this day of 200.....</p>		<p>Date</p>
<p>Signed: Date:</p>		<p>Verified</p>
<p>** If you are unable to make the declaration in this paragraph, the Council requires full particulars of the reasons for your inability to do so in order to consider the application.</p>		<p>Date</p>
<p>El The following is submitted in support of my application:</p>		<p>Verified</p>
<p><input type="checkbox"/> 1) The amount of R. in respect of my application for restoration.</p>		<p>Date</p>
<p><input type="checkbox"/> 2) A copy of my marriage certificate (should you wish to register in your married surname).</p>		<p>Verified</p>
<p>*PLEASE COMPLETE FOR STATISTICAL PURPOSES</p>		

M Tshabalala
ME TSHABALALA-MSIMANG
 MINISTER OF HEALTH