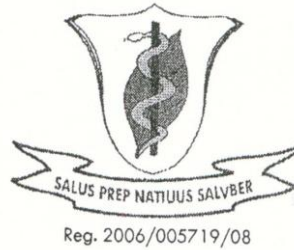


Helvetia House,  
1, Greenvale Road  
WILBART  
Bedfordview/Edenvale Boarder

Admin: Winterton/Colenso Road

[www.epasa.co.za](http://www.epasa.co.za)

**EPASA**  
**ETHNOMEDICINE PRACTITIONERS ASSOCIATION**  
**OF**  
**SOUTH AFRICA**



P.O. Box 107,  
WINTERTON,  
3340.  
Kwa-Zulu Natal. South Africa

Tel: 036 940 0013 - 0861 105 808  
Cell: 0832664338  
Fax: 0866 279 604  
e-mail: [admin@epasa.co.za](mailto:admin@epasa.co.za)

<b>FOR OFFICE USE ONLY</b>	
Registration No:	_____
Date received:	_____
Date payment received:	_____
Amount Received:	_____
Register :	_____
Website listed:	_____

**APPLICATION FOR REGISTRATION AS A PRACTITIONER IN TERMS OF THE  
SOUTH AFRICAN ETHNOMEDICINE PROFESSIONS BOARD (SAEPB)**

**1. PROFESSION APPLIED FOR**

Please mark the required profession clearly. Applications for registration for more than one profession must be submitted on separate application forms.

**TRADITIONAL HEALTH PRACTITIONER:**

**Registers:**

<b>Diagnostic</b>	
Ethnomedicine Practitioner - D.Emed	
Ethnopsychology Practitioner - EPP	
Traditional Health Practitioner - THP	
<b>Non Diagnostic</b>	
Ethnomedicine Health Advisor - EHA	
Trance State Therapist - EPA	
Ethno Massage Therapist - EMT	
Student - STU	

**2. PERSONAL DETAILS REQUIRED**

**Title: Mr/Mrs/Miss/Ms/ Dr/Prof/T/Dr./Other: .....**

- a. Surname as per your identity document .....
- b. Surname under which you wish to be registered (if different from surname on identity Document) ..... (Please attach proof of such as a certified copy of a marriage certificate if these surnames differ.)
- c. Full first names .....
- d. Nationality ..... (Please attach a certified copy of an identity document issued by the Department of Home Affairs)
- e. Identity number ..... Date of Birth .....
- f. Contact details:  
Postal address  
..... Code .....
- Residential Address  
..... Code .....

Tel: ( ) ..... Fax: ( ) .....  
Cell: ..... E-mail: .....  
Website .....

- g. Which South African language(s) can you speak? .....
- h. Place of Practice: Address: .....  
..... Code: .....  
Town: ..... Suburb: ..... Province .....

### 3. PROFESSIONAL EDUCATION

- a. What qualifications are you submitting in support of your application (certified copies required) and what are the names and contact details for each educational institution(s).  
.....  
.....  
.....

PLEASE NOTE THAT THE BOARD RESERVES THE RIGHT TO INSPECT ORIGINAL DOCUMENTS

Please attach a certified copy of your academic record in respect of each course referred to in 3(a), stating all subjects and marks obtained.

### 4.

- b. State the actual duration of each course mentioned above and whether it was a full-time Class attendance, part-time class attendance, distance or correspondence course:  
.....  
.....  
.....

- c. Are the educational institutions in respect of foreign qualifications (i.e. Qualifications obtained outside South Africa) officially accredited by the education authorities of the country in which they are situated? ..... (Please attach proof). PLEASE NOTE THAT THE BOARD RESERVES THE RIGHT TO REJECT ANY FOREIGN QUALIFICATION OR ANY SOUTH AFRICAN QUALIFICATION NOT ISSUED BY AN EDUCATIONAL INSTITUTION.

All foreign qualifications must be submitted to the South African Qualifications Authority (SAQA) (Tel: (012) 482 0800) for authentication and evaluation in terms of the required South African qualification prior to submission to the Board. SAQA's evaluation certificate must be submitted together with the application form.

- d. Does the foreign qualification obtained from the above-mentioned educational institution grant the holder thereof the legal right to practise the relevant profession in the country where the educational institution is situated? .....  
.....(Please attach proof)

- e. If you hold a foreign qualification and previously practised outside South Africa, you are required to submit proof of being in good standing with the registering authority of each country in which you previously practised.

- f. Were you registered or did you apply for registration previously? If yes where and when? (Attach copies of possible relevant correspondence)  
.....

- g. You are most welcome to also attach any further documentation or submit information which in your opinion is relevant and could be of benefit for the correct evaluation of your application.

You are required to submit the prescribed non-refundable application and Accreditation Panel Interview fee of R600.00, plus pro-rata membership fee for the year. Annual membership fee: R500 (January – December- pro-rata) You are further required to submit proof of good character (two testimonials).

I hereby certify that all the information provided and documentation submitted is true and correct.  
I agree that I am liable for annual membership fees unless/until resignation submitted in writing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Place and Date

## BANK DETAILS

Standard Bank: Greenstone, Edenvale:  
Account: EPPASA:  
Account No: 011 054 832  
Branch Code: 016342

Administration/Application Fee (non-refundable): Payable at time of application R 300-00  
Accreditation Panel Interview Fee (non-refundable): Payable at time of Accreditional Interview: R 300-00

Membership Fee: per annum (January – December) Pro-Rata R 500-00  
2<sup>nd</sup> Modality: Nil per annum as from 1<sup>st</sup> January 2012 (Previously R300 per annum)

Manufacturing or Health Shop: per annum: R1500-00

Webpage/profile on [www.epasa.co.za](http://www.epasa.co.za) optional at R200 per annum (including set-up fee)  
Contact detail will be included in listing only if written permission is received from member.

### Please attach the following documents to your application:

Fax forms to 086279604 or email: [admin@epasa.co.za](mailto:admin@epasa.co.za) & post the original certified copies & other documents as required below to P.O. Box 107, WINTERTON, 3340. Kwa-Zulu Natal, South Africa.  
Your application will NOT be processed without all the following documentation.

Certified copy of ID Document  
Certified copies of Qualifications  
4 x Colour Passport Photos  
2 x Signed Character References (testimonials)  
Copy of Bank Deposit Slip

## Registration in accordance with the Traditional Health Practitioners Act, 2007 (Act 22, 2007)

### Suggested Upgrade Requirements

- \* Upgrade requirements subject to change
- \* Abbreviations are registration categories
- \* EPASA does not provide training or a qualification
- \* Short upgrade courses are provided by :  
Various training institutes registered with EPASA: see website:  
TRAINING INSTITUTES  
and does not constitute a registered SAQA qualification.  
Recognition of prior learning, experience and education apply.
- \* EPASA advises the above minimum upgrade courses for  
uniformity of Education and Practice.
- \* Various Specialty certification courses available, including Divination
- \* Your registration with EPASA does not qualify you to use the title of Dr.  
Please state your title on the application form if you have a PhD or any other recognized title.
- \* Your registration category may be automatically changed if you do not submit proof of completion of upgrade modules.

## UPGRADE REQUIREMENTS

### ETHNOMEDICINE PRACTITIONER

Completion of Modules 1&2

Register:

**TRADITIONAL HEALTH PRACTITIONER**

Category:

**HERBALIST**

MODULE 1: Category: HERBALIST			Study Hours			
ETHNOMEDICINE - MODULE 1 (Ethnomedicine Health Advisor)						
Unit	Name of Course	Days	Class	Home	Practical	Total
101	<u>Basic Hypnosis</u>	4	32	40	8	80
106	<u>Indigenous African Knowledge</u>	2	16	20	0	36
114	<u>Signs &amp; Symptoms (Facial, tongue &amp; body)</u>	4	32	20	0	52
115	<u>Nutrition &amp; Lifestyle</u>	5	40	20	0	60
117	<u>Anatomy &amp; Physiology</u>	10	80	92	0	172
118	<u>Pathophysiology</u>	5	40	60	0	100
	<b>TOTAL</b>	<b>30</b>	<b>240</b>	<b>252</b>	<b>8</b>	<b>500</b>
MODULE 2 : Category: HERBALIST						
ETHNOMEDICINE - MODULE 2 (Modules 1&2 : Ethnomedicine Practitioner)						
Code	Name of Course	Days	Class	Home	Practical	Total
102	<u>Advanced Hypnosis</u>	4	32	40	10	82
113	<u>Principles &amp; Practice of Ethnomedicine</u>	2	16	10	0	26
116	<u>Ethnobotany 1</u>	6	48	30	0	78
119	<u>Iridology 1</u>	5	40	30	20	90
120	<u>Ethnobotany 2</u>	8	64	50	10	124
	<u>First Aid Level 2</u>					
	<b>TOTAL</b>	<b>25</b>	<b>200</b>	<b>160</b>	<b>40</b>	<b>400</b>

## ETHNOPSYCHOLOGY PRACTITIONER

Completion of Modules 1&2

Register:

## TRADITIONAL HEALTH PRACTITIONER

Category:

## DIVINATION

MODULE 1:			Study Hours			
TRANCE STATE THERAPY 1 (Trance State Therapist)						
Unit	Name of Course	Days	Class	Home	Practical	Total
101	<u>Basic Hypnosis</u>	4	32	40	8	80
102	<u>Advanced Hypnosis</u>	4	32	40	10	82
103	<u>Analytical Trance State Therapy</u>	4	32	20	10	62
104	<u>Hypnoanalysis</u>	4	32	30	28	90
105	<u>Ethnopsychology</u>	4	32	20	20	72
106	<u>Indigenous African Knowledge</u>	2	16	20	0	36
107	<u>Life Coaching</u>	2	16	20	20	36
108	<u>Hypnoanesthesia &amp; Pain Management</u>	2	16	0	0	16
109	<u>Advanced Soul/Past Life Regression</u>	2	16			16
110	<u>Divination &amp; Higher Consciousness</u>	2	16			16
	<b>TOTAL</b>	<b>30</b>	<b>240</b>	<b>190</b>	<b>76</b>	<b>500</b>
MODULE 2						
TRANCE STATE THERAPY 2 (Modules 1&2: Ethnopsychology Practitioner)						
Code	Name of Course	Days	Class	Home	Practical	Total
111	<u>Abnormal Psychology</u>	4	32	70	10	102
112	<u>Counselling Skills</u>	4	32	40	10	82
113	<u>Principles &amp; Practice of Ethnomedicine</u>	2	16	10	0	26
114	<u>Signs &amp; Symptoms (Facial, Tongue &amp; Body)</u>	4	32	20	0	52
115	<u>Nutrition &amp; Lifestyle</u>	5	40	20	0	60
116	<u>Ethnobotany 1</u>	6	48	30	0	78
	<u>First Aid Level 2</u>					
	<b>TOTAL</b>	<b>20</b>	<b>160</b>	<b>140</b>	<b>100</b>	<b>400</b>