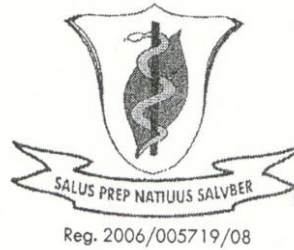


EPASA
ETHNOMEDICINE PRACTITIONERS ASSOCIATION
OF
SOUTH AFRICA



FOR OFFICE USE ONLY

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:

Diagnostic	
Ethnomedicine Practitioner - D.Emed	
Ethnopsychology Practitioner - EPP	
Traditional Health Practitioner - THP	
Non Diagnostic	
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

Application & Accreditation Panel Interview Fee (non-refundable): R600-00

Membership Fee R500-00 per annum (January – December) Pro-Rata
2nd Modality: Nil per annum as from 1st January 2012 (Previously R300 per annum)

Webpage/profile on 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:

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.
- * 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 : Ethno Health Advisor			Study Hours			
ETHNOMEDICINE - MODULE 1			Class	Home	Practical	Total
Unit	Name of Course	Days				
115	Nutrition & Lifestyle	4	32	28	10	70
117a	Anatomy & Physiology	6	48	52	0	100
118	Pathophysiology	6	48	52	0	100
119	Iridology 1	4	32	28	70	130
	TOTAL	20	160	160	80	400
MODULE 2 : Category: HERBALIST : Ethnomedicine Practitioner (After completion of Modules 1&2)			Class	Home	Practical	Total
ETHNOMEDICINE - MODULE 2						
Code	Name of Course	Days				
106	Indigenous African Knowledge	2	16	0	4	20
114	Signs & Symptoms (Facial, tongue & body)	4	32	28	20	80
116	Ethnobotany 1	4	32	30	16	78
117b	Anatomy & Physiology 2 – Pathways to Health	4	32	50	0	82
120	Ethnobotany 2	6	48	52	40	140
	TOTAL	20	160	160	80	400

UPGRADE REQUIREMENTS

ETHNOPSYCHOLOGY PRACTITIONER

Completion of Modules 1&2

Register:

TRADITIONAL HEALTH PRACTITIONER

Category:

DIVINATION

MODULE 1: Trance State Therapist ETHNOPSYCHOLOGY - MODULE 1			Study Hours			
Unit	Name of Course	Days	Class	Home	Practical	Total
101	Basic Hypnosis	4	32	30	18	80
102	Advanced Hypnosis	4	32	30	18	80
103	Analytical Trance State Therapy	4	32	30	18	80
104	Hypnoanalysis	4	32	30	18	80
107	Life Coaching 1	2	16	10	14	40
108	Hypnoanesthesia & Pain Management	2	16	10	14	40
	TOTAL	20	160	140	100	400
MODULE 2 : Ethnopsychology Practitioner (After completion of Modules 1&2) ETHNOPSYCHOLOGY - MODULE 2						
Unit	Name of Course	Days	Class	Home	Practical	Total
105	Ethnopsychology	4	32	30	48	110
106	African Healing Philosophy	2	16	0	4	20
109	Advanced Soul/Past Life Regression	2	16	10	14	40
110	Divination & Higher Consciousness	4	32	20	18	70
110	Nutrition & Lifestyle	4	32	30	8	70
116	Ethnobotany 1	4	32	30	28	90
	TOTAL	20	160	120	120	400