

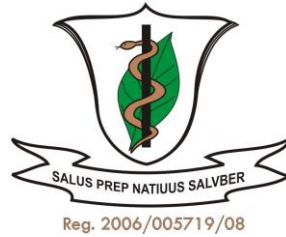
7, Koggelaar Road,
ROOIHUISKRAAL
Centurion, Pretoria
Gauteng
0154.
www.epasa.co.za
admin@epasa.co.za

EPASA
ETHNOMEDICINE PRACTITIONERS ASSOCIATION
OF
SOUTH AFRICA

Photo

P.O. Box 1519
ROOIHUISKRAAL,
Centurion
Gauteng
0154

Tel: 012 661 0236
Cell: 083 2664 338
Fax: 0866 279 604
Office Hours:
Mon, Wed, Fri 9am – 3pm



| OFFICE USE: | |
|---------------------------|--------------------------|
| Register of Registration: | |
| Registration Number: | |
| Date Received | |
| Date Processed | |
| Payment Received date: | R |
| Website listing date: | |
| Accreditation date: | <input type="checkbox"/> |

**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 | Register | |
|---|----------|--|
| Ethnomedicine Practitioner, D.Emed | DEM | |
| Ethnopsychology Practitioner, EPP | EPP | |
| Non Diagnostic | | |
| Ethnomedicine Health Advisor | EHA | |
| Traditional Health Practitioner – THP – register: EHA above | EHA | |
| Student | STU | |
| Manufacturing / Health Shop | MNF | |

ALL APPLICANTS WILL PROVISIONALLY BE REGISTERED AS

ETHNOMEDICINE HEALTH ADVISOR, EHA

until completion of required upgrade modules

to ensure uniformity of education and professional practice EPASA accreditation committee will evaluate all qualifications and experience for RPL – recognition of prior learning

MAKE YOUR APPOINTMENT FOR ACCREDITATION AS SOON AS POSSIBLE

| | | | | | |
|---|--|----------|--|----------------------------|--|
| TITLE: Mr/Mrs/Ms/Dr/Prof/T.Dr/ | | SURNAME: | | SURNAME on ID document: | |
| SURNAME UNDER WHICH YOU WISH TO BE REGISTERED: If different from surname on Identity Document Please submit proof of such as a certified copy of a marriage certificate if these surnames differ | | | | | |

2. PERSONAL DETAILS REQUIRED

| | | | | | | | | | | | |
|---|--|-------|--|--|-----------------------|------------------------|--|--------------|-------------------|-------|--|
| | | | | | | | | | | | |
| FULL FIRST NAMES As per ID document | | | | | | | | | | | |
| FIRST NAME- AS YOU ARE KNOWN TO PEOPLE The name that you wish to be called and listed on the website | | | | | | | | | | | |
| NATIONALITY Please attach a certified copy of an Identity document issued by the Department of Home Affairs | | | | | | | | | | | |
| IDENTITY NUMBER: | | | | | DATE OF BIRTH: | | | | GENDER M/F | | |
| POSTAL ADDRESS: | | | | | | | | Postal code: | | | |
| RESIDENTIAL ADDRESS: | | | | | | | | Postal code: | | | |
| PRACTICE NAME: | | | | | | | | | | | |
| TELEPHONE NR'S | | Work: | | | | Home: | | | | Cell: | |
| | | Fax: | | | | Next of kin: | | | | Cell: | |
| E-MAIL: | | | | | WEBSITE: | | | | | | |
| WHICH SOUTH AFRICAN LANGUAGE(S) DO YOU SPEAK? | | | | | | | | | | | |
| EMPLOYER: | | | | | POSITION: | | | | | | |
| WORK ADDRESS: | | | | | | | | Postal code: | | | |
| INTEREST IN ETHNOMEDICINE? | | | | | | YEARS EMPLOYED: | | | | | |
| | | | | | | | | | | | |
| PRACTICE ADDRESS: | | | | | | | | Postal code: | | | |
| TOWN: | | | | | SUBURB: | | | | PROVINCE: | | |
| | | | | | | | | | | | |

| | | | | | | | | | |
|--|--|--|--|--|-----------|--|--------------|--|--|
| ARE YOU CURRENTLY REGISTERED WITH A COUNCIL? | | | | | | | | | |
| HPCSA Health Professions Council of South Africa | | | | | Register: | | Practice No: | | |
| AHPCSA Allied Health Professions Council of South Africa | | | | | Register: | | Practice No: | | |
| ITHPCSA Interim Traditional Health Practitioners Council of South Africa | | | | | Register: | | Practice No: | | |
| OTHER ASSOCIATIONS List other associations that you are registered with: | | | | | | | | | |
| | | | | | | | | | |

3. PROFESSIONAL EDUCATION

| QUALIFICATIONS – submitting in support of application (certified copies required) | | | | |
|--|--|--------------------|--|----------------|
| Qualification | Educational Institution(s) – Names & contact details | Duration of course | Part time Full-time Distance Correspondence | Year completed |
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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), stating all subjects and marks obtained. Please state if course was part-time, full-time, distance or correspondence course

4. COURSE DETAILS

| QUALIFICATIONS – submitting in support of application (certified copies required) | | | |
|--|----------|--|---------------|
| Qualification | Subjects | Part time Full-time Distance Correspondence | Final Results |
| | | | |
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5. FOREIGN QUALIFICATIONS

| FOREIGN QUALIFICATIONS – obtained outside South Africa (certified copies required) | | | | |
|--|--|--------------------|--|----------------|
| Are the educational institutions in respect of foreign qualifications accredited by the educational authorities of the country in which they are situated? | | | | |
| Qualification | Educational Institution(s) – Names & contact details | Duration of course | Part time Full-time Distance Correspondence | Year completed |
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The Board reserves the right to inspect original documents and reject any foreign qualification or any South African qualification not issued by an educational institution.
Please attach a certified copy of your academic record in respect of each course referred to in (3), stating all subjects and marks obtained.
Please state if course was part-time, full-time, distance or correspondence course.

6. FOREIGN QUALIFICATIONS – RIGHT TO PRACTICE IN FOREIGN COUNTRY

FOREIGN QUALIFICATIONS – Does the foreign qualification obtained from the above-mentioned educational institution grant the holder thereof the legal right to practice the relevant profession in the country where the educational institution is situated?

Please attach proof

| Qualification | Educational Institution(s) | Profession | Statutory Body Registered | Year Registered |
|---------------|----------------------------|------------|---------------------------|-----------------|
| | | | | |
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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.

If you hold a foreign qualification and previously practiced 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 practiced.

Were you registered or did you apply for registration previously: If yes, where and when? Attach copies of possible relevant correspondence.

You are most welcome 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

| FEES PAYABLE | | | |
|---|-------------|-----------------------------|--------|
| MEMBERSHIP RENEWAL 1 st – January to December annually | | | |
| Fee | | When to pay | Fee |
| Administration/Application Fee (non-refundable) | | With application | R 300 |
| Accreditation Panel Interview Fee (non-refundable) | | With application | R 300 |
| EPASA – Membership Fee – annually on 1 st January (period January to December) : | DEM & EHA | With application – Pro-rata | R 500 |
| HEPASA – Membership Fee – annually on 1 st January (period January to December) : | EPP listing | With application | R 300 |
| Manufacturing or Health Shop – annually on 1 st January (period January to December) | | With application – Pro-Rata | R 1500 |
| Subject to change ** | | | |

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** (Jan-Dec - pro-rata)
You are further required to submit proof of good character (two testimonials) and other documentation listed below before your application will be considered.

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.
As EPASA member, I agree not to practice any other modality that falls under other statutory councils unless legally registered with such council.
I have read and undertake to adhere to the Ethnomedicine Scope of Practice and code of Ethics of the Ethnomedicine Practitioners Association of South Africa and HEPASA.

Signature of Applicant

Place and Date

BANK DETAILS

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

| DOCUMENTS REQUIRED | | |
|--|------------------|-------|
| PLEASE SUBMIT WITH YOUR APPLICATION | | |
| Document | When to submit | Check |
| Certified copy of ID Document | With application | |
| Certified copies of Qualifications | With application | |
| 4 x Colour Passport Photos | With application | |
| 2 x Signed Character References (testimonials) | With application | |
| Copy of bank deposit slip | With application | |
| Motivation letter for recognition of prior learning and experience | With application | |

POST APPLICATION TO

EPASA
P.O. Box 1519,
ROOIHUISKRAAL, 0154
or courier/deliver by hand
7, Koggelaar Rd,
ROOIHUISKRAAL, Centurion. 0154
(2nd gate) – arrange delivery with
EPASA office
Tel: 012 661 0236 or 0832664338

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

| UPGRADE REQUIREMENTS & OTHER NOTES | |
|--|--------------------------------|
| Abbreviations are registration categories, not qualifications or a title: | D.Med, DEM, EPP, EHA, THP, NMF |
| Upgrade requirements, categories and fees are subject to change | |
| EPASA or Training Institutes registered with EPASA for upgrade modules or CPD (continued professional development), do not offer a SAQA registered academic qualification . The modules required are short upgrade courses to ensure uniformity of education and standard of practice | |
| CPD training – Continued Professional Development: 30 hours annual training required – a certificate of completion of the 30 hours must be submitted with your annual renewal fee of R500 (Ethnomedicine Practitioner) plus R300 (Ethnopsychology Practitioner) second modality | |
| Ethnopsychology Practitioners: R500 per annum plus R300 HEPASA listing. See below a list of CPD courses currently registered with EPASA. | |
| Registration with EPASA does not qualify you to call yourself a "Dr" . Most Traditional Health Practitioners call themselves 'T/Dr' after qualifying. EPASA will list all practitioners only by preferred First name and Surname on the website, and acknowledge your title if proof of PhD or other qualification is submitted and accepted. | |
| Website listing: www.epasa.co.za - EPASA: Ethnomedicine Practitioners Association of South Africa Various practitioners' categories are listed by name, province and area. | |
| Website listing: www.hypnotherapyassociation.co.za and / or www.hepasa.co.za – HEPASA: Hypnotherapy & Ethnopsychology Association of South Africa HEPASA is a subdivision of EPASA, listing various practitioners' categories by name, province and area. Fees for HEPASA listing are covered under the second modality annual fee of R300. First Modality EHA or DEM. Practitioners are categorized according to qualification. HEPASA accepts practitioners registered with other councils who are in the process of upgrading towards ETHNOMEDICINE or ETHNOPSYCHOLOGY. They will however be listed with EPASA as Ethno Health Advisor until completion of upgrade requirements. | |

UPGRADE REQUIREMENTS

ETHNOMEDICINE PRACTITIONER
D.Emed

Register:
TRADITIONAL HEALTH PRACTITIONER

Category:
HERBALIST

| MODULE 1: Category: HERBALIST : Ethnomedicine Practitioner | | | Study Hours | | |
|--|---------------------------------------|-----------|-------------|------------------|------------|
| Unit | Name of Course | Days | Class | Home & Practical | Total |
| 101 | Basic Hypnosis - Trance State Therapy | 4 | 32 | 18 | 50 |
| 106 | African Healing Philosophy | 2 | 16 | 4 | 20 |
| 110 | Nutrition & Lifestyle | 4 | 32 | 30 | 62 |
| 117 | Pathophysiology | 6 | 48 | 32 | 80 |
| 119 | Iridology | 5 | 40 | 80 | 120 |
| 120 | Herbs / Ethnobotany 1&2 | 4 | 32 | 48 | 80 |
| 121 | Herbs / Ethnobotany 3&4 | 4 | 32 | 48 | 80 |
| 122 | Herbs / Ethnobotany 5&6 | 4 | 32 | 48 | 80 |
| 122 | Herbs / Ethnobotany 7&8 | 4 | 32 | 48 | 80 |
| 122 | Herbs / Ethnobotany 9&10 | 4 | 32 | 48 | 80 |
| 122 | Herbs / Ethnobotany 11&12 | 4 | 32 | 48 | 80 |
| 122 | Herbs / Ethnobotany 13&14 | 5 | 40 | 48 | 88 |
| | TOTAL | 50 | 400 | 500 | 900 |

ETHNOMEDICINE PRACTITIONER
D.Emed

www.epasa.co.za
EPASA

Ethnomedicine Practitioners Association of South Africa

Ethnomedicine Health Advisor, EHP & Ethnomedicine Practitioner, D.Emed
R500 annual membership fee will be payable to EPASA

UPGRADE REQUIREMENTS

ETHNOPSYCHOLOGY PRACTITIONER
EPP

Register:
TRADITIONAL HEALTH PRACTITIONER

Category:
DIVINATION

| MODULE 1: Category: HERBALIST : Ethnopsychology Practitioner | | | | Study Hours | |
|--|---------------------------------------|-----------|------------|------------------|------------|
| Unit | Name of Course | Days | Class | Home & Practical | Total |
| 101 | Basic Hypnosis - Trance State Therapy | 4 | 32 | 18 | 50 |
| 102 | Advanced Hypnosis | 4 | 32 | 18 | 50 |
| 103 | Analytical Trance State Therapy | 4 | 32 | 18 | 50 |
| 104 | Hypnoanalysis | 4 | 32 | 30 | 62 |
| 119 | Iridology | 5 | 40 | 80 | 120 |
| 120 | Herbs / Ethnobotany 1&2 | 4 | 32 | 48 | 80 |
| 121 | Herbs / Ethnobotany 3&4 | 4 | 32 | 48 | 80 |
| 122 | Herbs / Ethnobotany 5&6 | 4 | 32 | 48 | 80 |
| 122 | Herbs / Ethnobotany 7&8 | 4 | 32 | 48 | 80 |
| 122 | Herbs / Ethnobotany 9&10 | 4 | 32 | 48 | 80 |
| 122 | Herbs / Ethnobotany 11&12 | 4 | 32 | 48 | 80 |
| 122 | Herbs / Ethnobotany 13&14 | 5 | 40 | 48 | 88 |
| TOTAL | | 50 | 400 | 500 | 900 |

ETHNOPSYCHOLOGY PRACTITIONER
EPP

www.hypnotherapyassociation.co.za

HEPASA

Hypnotherapy & Ethnopsychology Association of South Africa

A subdivision of EPASA

R500 annual membership fee will be payable to EPASA

plus

R300 HEPASA listing fee payable to EPASA

CPD
CONTINUED PROFESSIONAL DEVELOPMENT

Category:
ALL REGISTERS
30 hours
classroom training required annually

CPD Courses registered with EPASA
Certificate to be submitted with annual renewal fee

| CPD - Continued Professional Development 30 Hours per annum required by EPASA, HEPASA & IMDHA | | | Study Hours | | |
|--|--------------------------------------|------|-------------|------------------|-------|
| Unit | Name of Course | Days | Class | Home & Practical | Total |
| 105 | Ethnopsychology | 4 | 32 | 28 | 60 |
| 106 | African Healing Philosophy | 2 | 16 | 4 | 20 |
| 107 | Life Coaching 1 | 2 | 16 | 14 | 30 |
| 108 | Hypnoanesthesia & Pain Management | 2 | 16 | 4 | 20 |
| 109 | Signs & Symptoms | 2 | 16 | 4 | 20 |
| 110 | Nutrition & Lifestyle | 4 | 32 | 30 | 62 |
| 109 | Advanced Soul & Past Life Regression | 2 | 16 | 0 | 16 |
| 110 | Divination & Higher Consciousness | 4 | 32 | 18 | 50 |
| 121 | HIV/Aids Counselling | 2 | 16 | 0 | 16 |