

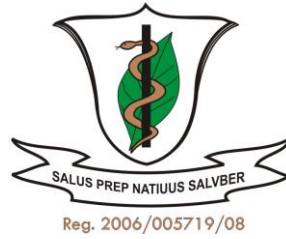
7, Koggelaar Road,  
ROOIHUISKRAAL  
Centurion, Pretoria  
Gauteng  
0154.  
[www.epasa.co.za](http://www.epasa.co.za)  
admin@epasa.co.za

**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	
<b>Non Diagnostic</b>		
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:	
<b>SURNAME UNDER WHICH YOU WISH TO BE REGISTERED:</b> 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

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

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

### 3. PROFESSIONAL EDUCATION

<b>QUALIFICATIONS – submitting in support of application (certified copies required)</b>				
Qualification	Educational Institution(s) – Names & contact details	Duration of course	Part time Full-time Distance Correspondence	Year completed

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

<b>QUALIFICATIONS – submitting in support of application (certified copies required)</b>			
Qualification	Subjects	Part time Full-time Distance Correspondence	Final Results

### 5. FOREIGN QUALIFICATIONS

<b>FOREIGN QUALIFICATIONS – obtained outside South Africa (certified copies required)</b>				
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

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

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

<b>FEES PAYABLE</b>			
<b>MEMBERSHIP RENEWAL</b> 1 <sup>st</sup> – 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 <sup>st</sup> January (period January to December) :	DEM & EHA	With application – Pro-rata	R 500
HEPASA – Membership Fee – annually on 1 <sup>st</sup> January (period January to December) :	EPP listing	With application	R 300
Manufacturing or Health Shop – annually on 1 <sup>st</sup> 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  
(2<sup>nd</sup> 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	
<b>Abbreviations</b> are registration categories, not qualifications or a title:	D.Med, DEM, EPP, EHA, THP, NMF
<b>Upgrade</b> requirements, categories and fees are subject to change	
EPASA or Training Institutes registered with EPASA for <b>upgrade modules</b> or <b>CPD</b> (continued professional development), do <b>not offer a SAQA registered academic qualification</b> . The modules required are short upgrade courses to ensure uniformity of education and standard of practice	
<b>CPD training</b> – 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	
<b>Ethnopsychology Practitioners:</b> R500 per annum plus R300 HEPASA listing. See below a list of <b>CPD courses</b> currently registered with EPASA.	
Registration with EPASA does <b>not qualify you to call yourself a "Dr"</b> . 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.	
<b>Website listing:</b> <a href="http://www.epasa.co.za">www.epasa.co.za</a> - EPASA: Ethnomedicine Practitioners Association of South Africa Various practitioners' categories are listed by name, province and area.	
<b>Website listing:</b> <a href="http://www.hypnotherapyassociation.co.za">www.hypnotherapyassociation.co.za</a> and / or <a href="http://www.hepasa.co.za">www.hepasa.co.za</a> – 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	4	32	48	80
120	Herbs / Ethnobotany 2	4	32	48	80
120	Herbs / Ethnobotany 3	4	32	48	80
120	Herbs / Ethnobotany 4	4	32	48	80
120	Herbs / Ethnobotany 5	4	32	48	80
120	Herbs / Ethnobotany 6	4	32	48	80
120	Herbs / Ethnobotany 7 - Signs & diagnostics	5	40	48	88
	<b>TOTAL</b>	<b>50</b>	<b>400</b>	<b>500</b>	<b>900</b>

**ETHNOMEDICINE PRACTITIONER**  
**D.Emed**

[www.epasa.co.za](http://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
105	Ethnopsychology	5	40	48	88
120	Herbs / Ethnobotany 1	4	32	48	80
120	Herbs / Ethnobotany 2	4	32	48	80
120	Herbs / Ethnobotany 3	4	32	48	80
120	Herbs / Ethnobotany 4	4	32	48	80
120	Herbs / Ethnobotany 5	4	32	48	80
120	Herbs / Ethnobotany 6	4	32	48	80
<b>TOTAL</b>		<b>50</b>	<b>400</b>	<b>500</b>	<b>900</b>

### ETHNOPSYCHOLOGY PRACTITIONER

**EPP**

[www.hypnotherapyassociation.co.za](http://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
110	Nutrition & Lifestyle	4	32	30	62
109	Advanced Soul & Past Life Regression	2	16	0	16
114	Signs & Symptoms	4	32	18	50
110	Divination & Higher Consciousness	4	32	18	50
121	HIV/Aids Counselling	2	16	0	16
123	Trauma Support & Counselling	2	16	0	16