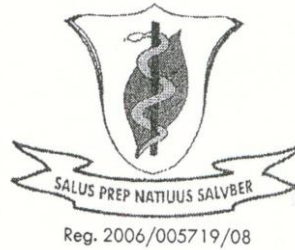


7, Koggelaar Street,
ROOIHUISKRAAL
Centurion, Pretoria
Gauteng
0154.

www.epasa.co.za
admin@epasa.co.za

EPASA
ETHNOMEDICINE PRACTITIONERS ASSOCIATION
OF
SOUTH AFRICA



P.O. Box 1519
ROOIHUISKRAAL,
Centurion
Gauteng
0154

Tel: 012 661 0236
Cell: 083 2664 338
Fax: 0866 279 604

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 – D.EPP	
Non Diagnostic	
Ethnomedicine Health Advisor - EHA	
Ethnopsychology Health Advisor - EPA	
Traditional Health Practitioner – THP (to upgrade to Ethno Health Advisor)	
Ethno Massage Therapist - EMT	
Student - STU	
Ethnomedicine Manufacturer / Health Shop	

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 application R 300-00

Membership Fee: per annum (January – December) Pro-Rata R 500-00
2nd Modality: Nil per annum as from 1st January 2012 (Previously R300 per annum)
HEPASA: Hypnotherapy & Ethnopsychology Association of SA:
(Jan-December) R300 per annum R300-00

Manufacturing or Health Shop: per annum: R1500-00

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:

Fax forms to 0866279604 or email: admin@epasa.co.za & post the original certified copies & other documents as required below to: P.O. Box 1519, ROOIHUIKRAAL, 0154. Gauteng, 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 and does not constitute a registered SAQA qualification: see website:
[TRAINING INSTITUTES](#)
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.

ETHNOMEDICINE PRACTITIONER
D.Emed
Register:
TRADITIONAL HEALTH PRACTITIONER
Category:
HERBALIST

YEAR 1: Category: HERBALIST : Ethnomedicine Practitioner, D.Emed				Study Hours		
Unit	Name of Course	Credits	Days	Class	Home & Practical	Total
101	Divination 1 - Basic Trance State Therapy	7	4	32	40	72
106	African Healing Philosophy 1	3	2	16	10	26
110	Nutrition & Lifestyle 1	6	4	32	30	62
117	Pathophysiology 1	13	6	48	80	128
119	Iridology 1	13	6	48	80	128
120	Herbs / Ethnobotany 1	11	4	32	80	112
120	Herbs / Ethnobotany 2	11	4	32	80	112
120	Herbs / Ethnobotany 3	11	4	32	80	112
120	Herbs / Ethnobotany 4	11	4	32	80	112
120	Herbs / Ethnobotany 5	11	4	32	80	112
120	Herbs / Ethnobotany 6	11	4	32	80	112
120	Herbs / Ethnobotany 7 - Signs & diagnostics	11	4	32	80	112
	TOTAL	120	50	400	800	1200

ETHNOPSYCHOLOGY PRACTITIONER
D.EPP
Register:
TRADITIONAL HEALTH PRACTITIONER
Category:
DIVINER

YEAR 1: Category: DIVINER: Ethnopsychology Practitioner : D.EPP				Study Hours		
Unit	Name of Course	Credits	Days	Class	Home & Practical	Total
101	Divination 1 - Basic Trance State Therapy	7	4	32	40	72
102	Divination 2 - Advanced Trance State Therapy	7	4	32	40	72
103	Divination 3 - Analytical Trance State Therapy 1	7	4	32	40	72
104	Divination 4 - Analytical Trance State Therapy 1	7	4	32	40	72
105	Ethnopsychology 1	11	4	32	80	112
119	Iridology 1	13	6	48	80	128
120	Herbs / Ethnobotany 1	11	4	32	80	112
120	Herbs / Ethnobotany 2	11	4	32	80	112
120	Herbs / Ethnobotany 3	11	4	32	80	112
120	Herbs / Ethnobotany 4	11	4	32	80	112
120	Herbs / Ethnobotany 5	11	4	32	80	112
120	Herbs / Ethnobotany 6	11	4	32	80	112
	TOTAL	120	50	400	800	1200

ETHNOMEDICINE HEALTH ADVISOR

EHA

Register:

TRADITIONAL HEALTH PRACTITIONER

Category:

HERBALIST

**NEW APPLICANTS WILL PROVISIONALLY BE
REGISTERED AS EHA UNTIL COMPLETION OF UPGRADE**

MODULES FOR

ETHNOMEDICINE PRACTITIONER, D.Emed

YEAR 1: Category: HERBALIST : Ethnomedicine Health Advisor, EHA				Study Hours		
Unit	Name of Course	Credits	Days	Class	Home & Practical	Total
101	Divination 1 - Basic Trance State Therapy	7	4	32	40	72
110	Nutrition & Lifestyle 1	6	4	32	30	62
117	Pathophysiology 1	13	6	48	80	128
119	Iridology 1	13	6	48	80	128
106	African Healing Philosophy 1	3	2	16	10	26
	TOTAL	42	22	172	240	416

Additional subjects required for D.Emed

120	Herbs / Ethnobotany 1	11	4	32	80	112
120	Herbs / Ethnobotany 2	11	4	32	80	112
120	Herbs / Ethnobotany 3	11	4	32	80	112
120	Herbs / Ethnobotany 4	11	4	32	80	112
120	Herbs / Ethnobotany 5	11	4	32	80	112
120	Herbs / Ethnobotany 6	11	4	32	80	112
120	Herbs / Ethnobotany 7 - Signs & diagnostics	11	4	32	80	112
	TOTAL	149	50	396	800	1256

ETHNOPSYCHOLOGY HEALTH ADVISOR**EPA**

Register:

TRADITIONAL HEALTH PRACTITIONER

Category:

HERBALIST

**NEW APPLICANTS WILL PROVISIONALLY BE
REGISTERED AS EHA UNTIL COMPLETION OF UPGRADE**

MODULES FOR**ETHNOPSYCHOLOGY PRACTITIONER, D.EPP**

YEAR 1: Category: DIVINER : Ethnopsychology Health Advisor, EPA				Study Hours		
Unit	Name of Course	Credits	Days	Class	Home & Practical	Total
101	Divination 1 - Basic Trance State Therapy	7	4	32	40	72
102	Divination 2 - Advanced Trance State Therapy	7	4	32	40	72
103	Divination 3 - Analytical Trance State Therapy 1	7	4	32	40	72
104	Divination 4 - Analytical Trance State Therapy 1	7	4	32	40	72
105	Ethnopsychology 1	11	4	32	80	112
	TOTAL	39	20	160	240	400

Additional subjects required for D.EPP

119	Iridology 1	13	6	48	80	128
120	Herbs / Ethnobotany 1	11	4	32	80	112
120	Herbs / Ethnobotany 2	11	4	32	80	112
120	Herbs / Ethnobotany 3	11	4	32	80	112
120	Herbs / Ethnobotany 4	11	4	32	80	112
120	Herbs / Ethnobotany 5	11	4	32	80	112
120	Herbs / Ethnobotany 6	11	4	32	80	112
	TOTAL	118	50	400	800	1200

TRADITIONAL HEALTH PRACTITIONER
THP
Register:
TRADITIONAL HEALTH PRACTITIONER
Category:
HERBALIST

**NEW APPLICANTS WILL PROVISIONALLY BE
REGISTERED AS EHA UNTIL COMPLETION OF UPGRADE
MODULES FOR
ETHNOMEDICINE PRACTITIONER, D.Emed**

YEAR 1: Category: HERBALIST : Traditional Health Practitioner, THP				Study Hours		
Unit	Name of Course	Credits	Days	Class	Home & Practical	Total
101	Divination 1 - Basic Trance State Therapy	7	4	32	40	72
106	African Healing Philosophy 1	3	2	16	10	26
120	Herbs / Ethnobotany 1	11	4	32	80	112
120	Herbs / Ethnobotany 2	11	4	32	80	112
120	Herbs / Ethnobotany 3	11	4	32	80	112
120	Herbs / Ethnobotany 4	11	4	32	80	112
120	Herbs / Ethnobotany 5	11	4	32	80	112
120	Herbs / Ethnobotany 6	11	4	32	80	112
120	Herbs / Ethnobotany 7 - Signs & diagnostics	11	4	32	80	112
		89	35	280	610	890

Additional subjects required for D.Emed

110	Nutrition & Lifestyle 1	6	4	32	30	62
117	Pathophysiology 1	13	6	48	80	128
119	Iridology 1	13	6	48	80	128
		108	46	400	800	1200

SPECIALTY CERTIFICATION

EHA/EPA

Register:

TRADITIONAL HEALTH PRACTITIONER

Category:

HERBALIST / DIVINER

CPD - Continued Professional Development 30 Hours per annum required by EPASA, HEPASA & IMDHA				Study Hours		
Unit	Name of Course	Credits	Days	Class	Home & Practical	Total
105	Ethnopsychology	6	4	32	28	60
106	African Healing Philosophy	2	2	16	4	20
107	Life Coaching 1	3	2	16	14	30
108	Hypnoanesthesia & Pain Management	2	2	16	4	20
110	Nutrition & Lifestyle	6	4	32	30	62
109	Advanced Soul & Past Life Regression	2	2	16	0	16
114	Signs & Symptoms	5	4	32	18	50
110	Divination & Higher Consciousness	5	4	32	18	50
121	HIV/Aids Counselling	2	2	16	0	16
123	Trauma Support & Counselling	2	2	16	0	16
124	Ethno Massage Therapy	9	8	64	30	94

CPD

CONTINUED PROFESSIONAL DEVELOPMENT

Register:

ALL REGISTERS

**30 HOURS ANNUAL CLASSROOM
TRAINING**

CPD COURSES REGISTERED WITH EPASA

**CERTIFICATE TO BE SUBMITTED WITH
ANNUAL RENEWAL OF MEMBERSHIP
FEE**