



The Allied Health Professions Council of South Africa

Ensuring quality complementary and alternative healthcare of choice

20 July 2020

Dear Registered Practitioner (**CHIROPRACTIC**)

PROFESSIONAL BOARD ELECTION

NOTICE OF ELECTION AND REQUEST FOR NOMINATIONS TO THE PROFESSIONAL BOARD: CHIROPRACTIC AND OSTEOPATHY (PBCO) OF ONE (1) PERSON REGISTERED IN THE PROFESSION OF CHIROPRACTIC FOR APPOINTMENT AS A PROFESSIONAL BOARD MEMBER

The filling of a vacancy on the PBCO is required in terms of Regulation 10(3) of Regulations No R 127 of 12 February 2001 by election by registered practitioners falling under the relevant professional board of one (1) person registered in the profession of CHIROPRACTIC for appointment as a Professional Board Member.

In terms of the provisions of the Allied Health Professions Act, Act 63 of 1982 ("the Act"), read together with Regulation 11 (GN R127, published on 12 February 2001), notice is hereby given that the election of one (1) person to represent CHIROPRACTIC and serve on the Professional Board (PBCO) of Council for the remainder of the term of office of PBCO, will be held.

STEP ONE: NOMINATION PROCESS

Nominations are hereby invited for step one in the election process of one (1) person registered in the profession of CHIROPRACTIC. Any person who is registered as such with the Allied Health Professions Council, who is a South African citizen resident in the Republic, who is not disqualified in terms of the Act or the Health Professions Act, 1974, from practising his/her profession and who is not an unrehabilitated insolvent, shall be eligible for nomination.

A nomination and nominee acceptance form is included with this letter. Any person registered in the profession of CHIROPRACTIC may nominate a candidate. Each candidate shall be nominated separately on the said nomination form. There is no limit to the number of persons registered in the profession of CHIROPRACTIC who can be nominated, **provided that the acceptance of each nomination shall be signed by the person being nominated.** Copies of the nomination form may be made for additional nominations.

Physical address: 6 CASTELLI, IL VILLAGGIO, 5 DE HAVILLAND
CRESCENT SOUTH, PERSEQUOR TECHNOPARK, PRETORIA, 0184
Postal address: PRIVATE BAG X28, LYNNWOOD RIDGE 0040
Tel: 012 349 2331 **Fax:** 012 349 2327 **Fax to email:** 086 507 4092
Email: registrar@ahpcs.co.za **Website:** www.ahpcs.co.za

Nominations and nominee acceptances must be lodged with the Returning Officer by way of fax, hand delivery or email and must be received by no later than **16h00 on Thursday, 13 August 2020**, after which each nomination will be checked for validity.

Nominations must be sent to: **The Returning Officer by either fax to (012) 349-2327, or email to registrar@ahpcs.co.za or hand deliver to Council House, 6 Castelli, Il Villaggio, 5 De Havilland Crescent South, Persequor Technopark, Pretoria.**

With the lodging of the nomination **and** nominee acceptance, **a summary of the nominee's curriculum vitae not exceeding one (1) page shall be submitted**, together with the completion of a Continuing Professional Development (CPD) Individual Activity Report which may be viewed/printed/downloaded at <https://ahpcs.co.za/wp-content/uploads/2016/01/INDIVIDUAL-CPD-ACTIVITY-RECORD.pdf> for the period 1 July 2017 to date, including proof of the successful completion of an AHPCSA-approved bioethics and jurisprudence course (available through **AROMASA** at <http://aromasa.org.za>) and a current Level I, II or III, or BLS, first-aid course, an AHPCSA requirement for continuing registration.

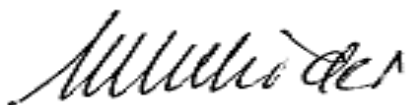
A nominee may, at any time prior to the closing date for receipt of nominations, notify the Returning Officer in writing of his/her intention to withdraw as a nominee in the election. After such date, no withdrawal shall be permitted.

Every nomination form in respect of which any of the above-mentioned provisions has not been complied with, or which is not received by **16h00 on Thursday, 13 August 2020** at the facsimile, physical or email addresses given above, shall be invalid.

STEP TWO: THE ELECTION PROCESS

After the closing date for the receipt of nominations, the ballot forms will be prepared. Instructions for recording your vote will be sent to all practitioners of Chiropractic in due course.

Yours faithfully



**DR LOUIS MULLINDER
REGISTRAR (RETURNING OFFICER)**

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AHPCSA ELECTION NOMINATION AND CONSENT TO NOMINATION FORM FOR THE ELECTION OF A PERSON TO THE PROFESSIONAL BOARD: CHIROPRACTIC AND OSTEOPATHY (PBCO) REGISTERED IN THE PROFESSION OF CHIROPRACTIC

PART ONE: THE NOMINATION (TO BE COMPLETED BY THE PERSON MAKING THE NOMINATION)

I, _____

(FULL NAMES AND SURNAME AS THEY APPEAR IN THE REGISTER FOR THE PROFESSION OF CHIROPRACTIC AND AS CAPTURED ON YOUR AHPCSA REGISTRATION CERTIFICATE),
a person registered in the profession of CHIROPRACTIC, hereby nominate:

(FULL NAMES AND SURNAME OF THE CANDIDATE AS THEY APPEAR IN THE REGISTER FOR CHIROPRACTIC AND AS CAPTURED ON THE CANDIDATE'S AHPCSA REGISTRATION CERTIFICATE),

who is registered in the profession of CHIROPRACTIC, is not disqualified in terms of the Allied Health Professions Act (63/1982) or the Health Professions Act (56/1974) from practicing his/her profession, is a South African citizen residing in the Republic, for election as a member of the Allied Health Professions Council representing the profession of CHIROPRACTIC in the forthcoming elections.

DETAILS OF THE PERSON MAKING THE NOMINATION:

FULL NAMES AND SURNAME OF YOURSELF (THE PERSON MAKING THE NOMINATION) AS THEY APPEAR IN THE REGISTER FOR THE PROFESSION OF CHIROPRACTIC AND AS CAPTURED ON YOUR AHPCSA REGISTRATION CERTIFICATE

Council Registration number: A _____

Tel: _____

Mobile: _____ Email: _____

Signature (of person making the nomination) _____

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PART TWO: CONSENT TO NOMINATION (TO BE COMPLETED BY THE PERSON WHO IS ACCEPTING THE NOMINATION)

I, the undersigned,

(PRINT FULL NAMES AND SURNAME AS THEY APPEAR IN THE REGISTER FOR THE PROFESSION OF CHIROPRACTIC AND AS CAPTURED ON YOUR AHPCSA REGISTRATION CERTIFICATE)

Registration number: A _____

Tel: _____

Mobile: _____

Email: _____

hereby **accept the nomination** as a candidate for the election as a member on the Professional Board (PBCO) to represent the profession of CHIROPRACTIC and declare that:

- I am registered with the AHPCSA in the profession of CHIROPRACTIC;
- I am not an unrehabilitated insolvent;
- I am not disqualified in terms of the Allied Health Professions Act or the Health Professions Act from practicing my profession;
- I am a South African citizen resident within the Republic; and
- I am CPD compliant.

SIGNATURE OF PERSON ACCEPTING THE NOMINATION

NOMINATED PERSON MUST ATTACH A ONE (1) PAGE CURRICULUM VITAE TOGETHER WITH THE COMPLETION OF A CPD INDIVIDUAL ACTIVITY REPORT FOR THE PERIOD 1 JULY 2017 TO DATE, INCLUDING PROOF OF THE SUCCESSFUL COMPLETION OF AN AHPCSA-APPROVED BIOETHICS AND JURISPRUDENCE COURSE AND A CURRENT LEVEL I, II OR III, OR BLS, FIRST-AID COURSE, AN AHPCSA REQUIREMENT FOR CONTINUING REGISTRATION.

DATE

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