



# The Allied Health Professions Council of South Africa

Ensuring quality complementary and alternative healthcare of choice

28 June 2022

Dear Registered Practitioner (**PHYTOTHERAPY**)

## PROFESSIONAL BOARD ELECTION

### NOTICE OF ELECTION AND REQUEST FOR NOMINATIONS TO THE PROFESSIONAL BOARD: HOMEOPATHY, NATUROPATHY AND PHYTOTHERAPY (PBHNP) OF THREE (3) PERSONS REGISTERED IN THE PROFESSION OF PHYTOTHERAPY FOR APPOINTMENT AS PROFESSIONAL BOARD MEMBERS

In terms of the provisions of the Allied Health Professions Act, (63/1982) ("the Act"), read together with Regulation 11 (GN R127, published on 12 February 2001), notice is hereby given that the election of three (3) persons to represent **PHYTOTHERAPY** and serve on the Professional Board (PBHNP) for the term of office 16 November 2022 to 15 November 2027, will be held.

#### STEP ONE: NOMINATION PROCESS

**Nominations are hereby invited for step one in the election process of three (3) persons registered in the profession of PHYTOTHERAPY.** Any person who is registered as such under 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.** Only persons registered in the profession of **PHYTOTHERAPY** 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 **PHYTOTHERAPY** 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.

Nominations and nominee acceptances must be lodged with the Returning Officer by way of hand delivery or email and must be received by no later than **16:00 on Wednesday, 10 August 2022** after which each nomination will be checked for validity.

Nominations must be sent to: **The Returning Officer by scanning and emailing to [registrar@ahpcs.co.za](mailto:registrar@ahpcs.co.za) or hand delivering 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;**

**Physical address:** 6 CASTELLI, IL VILLAGGIO, 5 DE HAVILLAND  
CRESCENT SOUTH, PERSEQUOR TECHNOPARK, PRETORIA, 0184  
**Tel:** 012 349 2331 **Email:** registrar@ahpcs.co.za **Website:** www.ahpcs.co.za

- together with the completion of a Continuing Professional Development (CPD) Individual Activity Report which may be viewed/printed/downloaded at <https://ahpcsas.co.za/wp-content/uploads/2016/01/INDIVIDUAL-CPD-ACTIVITY-RECORD.pdf> for the period 1 July 2019 to 31 December 2021, including proof of the successful completion of an AHPCSA-approved bioethics and jurisprudence course (CPD GUIDELINES, paragraph 5.5: <https://ahpcsas.co.za/wp-content/uploads/2019/07/CPD-GUIDELINES-2019-2021.pdf>); and
- and proof of having successfully completed a valid first-aid Level I, II, III or BLS course, an AHPCSA requirement for continuing registration for the period 1 July 2019 to 31 December 2021.

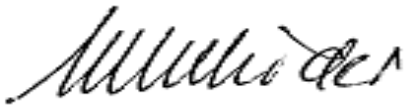
A nominee may, at any time prior to the closing date for receipt of nominations, notify the Returning Officer in writing of his/her intention to withdraw as a nominee in the election. After such date, no withdrawal shall be permitted.

Every nomination form in respect of which any of the above-mentioned provisions has not been complied with, or which is not received by **16:00 on Wednesday, 10 August 2022**, at the physical or email addresses given above, shall be invalid.

#### **STEP TWO: THE ELECTION PROCESS**

After the closing date for the receipt of nominations, directives for recording your vote electronically will be sent to all practitioners of **PHYTOTHERAPY** in due course.

Yours faithfully



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

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**Postal address:** PRIVATE BAG X28, LYNNWOOD RIDGE 0040  
**Tel:** 012 349 2331 **Email:** registrar@ahpcsas.co.za **Website:** www.ahpcsas.co.za

**AHPCSA ELECTION NOMINATION AND CONSENT TO NOMINATION FORM FOR THE  
ELECTION OF A PERSON TO THE PROFESSIONAL BOARD: HOMEOPATHY,  
NATUROPATHY AND PHYTOTHERAPY REGISTERED IN THE PROFESSION OF  
PHYTOTHERAPY**

**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 PHYTOTHERAPY AND AS CAPTURED ON YOUR AHPCSA REGISTRATION  
CERTIFICATE)**, a person registered in the profession of PHYTOTHERAPY, hereby nominate:

\_\_\_\_\_

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

who is registered in the profession of PHYTOTHERAPY, 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 PHYTOTHERAPY 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 PHYTOTHERAPY 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 PHYTOTHERAPY 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 (PBHNP) to represent the profession of PHYTOTHERAPY and declare that:

- I am registered with the AHPCSA in the profession of PHYTOTHERAPY;
- 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**

\_\_\_\_\_  
**DATE**

**NOMINATED PERSON MUST ATTACH A SUMMARY OF THE NOMINEE'S CURRICULUM VITAE NOT EXCEEDING ONE (1) PAGE, TOGETHER WITH THE COMPLETION OF A CONTINUING PROFESSIONAL DEVELOPMENT (CPD) INDIVIDUAL ACTIVITY REPORT WHICH MAY BE VIEWED / PRINTED / DOWNLOADED AT <https://ahpcsa.co.za/wp-content/uploads/2016/01/INDIVIDUAL-CPD-ACTIVITY-RECORD.pdf> FOR THE PERIOD 1 JULY 2019 TO 31 DECEMBER 2021, INCLUDING PROOF OF THE SUCCESSFUL COMPLETION OF AN AHPCSA-APPROVED BIOETHICS AND JURISPRUDENCE COURSE (CPD GUIDELINES, PARAGRAPH 5.5: <https://ahpcsa.co.za/wp-content/uploads/2019/07/CPD-GUIDELINES-2019-2021.pdf> ); AND AND A VALID FIRST-AID LEVEL I, II, III OR BLS COURSE, AN AHPCSA REQUIREMENT FOR CONTINUING REGISTRATION FOR THE PERIOD 1 JULY 2019 TO 31 DECEMBER 2021.**

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