PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 July 2026

REPLACEMENT AMBULANCE STAFF MEMBER UPDATE FORM

Please Note

The documents can be sent to pcns_admin@bhfglobal.com	☐
As part of the update process, PCNS is required to verify the state employment of each applicant through the DPSA search: https://www.dpsa.gov.za/resource_centre/psverification/. To ascertain which of your employees may be employed by the state, please utilise this link and capture your employee's ID number for results. For your update to be processed timeously, please ensure that the necessary approvals in the form of the below-listed documents have been submitted for each of your staff members, as well as the Supervising Doctor, should they be employed by the state, together with your update form. • Confirmation of Community Service Completion • Resignation letter • RWOPS Approval Certificate • RWOPS Application form. **NB: The RWOPS Application form should be stamped, dated, and signed by both the employer and designated authority, and should have exceeded the 30-day submission period with your state employer** • Sessional Work Contract. Please also supply the contact details of the person responsible for confirming the approval/resignation. Once the approval (RWOPS Certificate/Resignation letter/Sessional work confirmation /Work Contract) has been received, we are going to perform a validation with the state employer. We will contact the employer at the state facility via email and telephone to verify that approval has been granted for remunerative work outside the public service or if the nature of employment allows for private practice. Thus, we urge you to provide the correct contact information for the employer on the update form to ensure the process is not delayed. We also encourage you to advise the employer that the validation will take place, so they are aware.	☐
All Healthcare Service Providers in Public Service are required to submit the necessary renewals of approvals stipulated above annually to avoid suspension of their practice numbers.	☐
Update requests that fail PCNS verifications will not be processed. This is to ensure secure and accurate handling of your update.	☐
The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.	☐
Should you have any Queries regarding this Application, please contact Client Services at +27 87 210 0500 or e-mail clientservices@bhfglobal.com	☐

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REQUIRED DOCUMENTS FOR A NEW STAFF MEMBER(S)

Please show by ticking below that you have read and understood the information: ☐

SUPPORTING DOCUMENT CERTIFICATION

Applications WILL NOT BE PROCESSED WITHOUT CERTIFIED COPIES OF ORIGINAL DOCUMENTATION by a South African-registered Commissioner of Oaths. **The commissioner of oaths should be impartial, unbiased, not related to the Healthcare Service Provider (HSP), and have no interest in the HSP (such as any immediate family members of the HSP, any employee or employer of the HSP, or any colleague of the HSP).** The stamp on the certified document must be dated, include the name of the Commissioner of Oaths and the words COMMISSIONER OF OATHS, and be valid for 6 months from the date of certification. Please note that the BHF policy requires that to obtain a practice number, an applicant health care professional must be registered by a regulatory body or a licensing authority in terms of South African Law, as this is a requirement of the Medical Schemes Act (Act No 131 of 1998).

In accordance with Legislation and BHF Policies, a Practice Number may not be updated without the following supporting documents (tick what is relevant to you and has been submitted)

Board resolution containing the details (*full name, surname, and identity number*) for the nominated and appointed proxy or signatory for registering the PCNS practice number, signed by at least two directors and the nominated proxy. The company registration details on the Board Resolution **[Name and Company Registration Number]** should match the Owner's CIPC documents (***mandatory for facilities with more than one director listed on the company registration documents***).	☐
Certified copy of the owner/appointed proxy's identifying document (***mandatory***): • Identity Document **[NB: Both sides (front and back) of the Smart Card ID must be submitted]** or • Passport and proof of permanent residence, ***where the applicant is not a South African citizen***. **Ensure that both the copy and the certification stamp are clear, legible, and valid.**	☐
Certified copy of a document issued by the Department of Home Affairs ***where the owner/appointed proxy's surname or name(s) differ on 1 or more supporting documents*** • Marriage Certificate or • Divorce Decree or • A confirmation letter **Ensure that both the copy and the certification stamp are clear, legible, and valid.**	☐
Certified copy of the staff member's identifying document (***mandatory***): • Identity Document **[NB: Both sides (front and back) of the Smart Card ID must be submitted]** or • Passport and proof of permanent residence, ***where the applicant is not a South African citizen***. **Ensure that both the copy and the certification stamp are clear, legible, and valid.**	☐
Certified copy of a document issued by the Department of Home Affairs ***where the staff member's surname or name(s) differ on 1 or more supporting documents*** • Marriage Certificate or • Divorce Decree or • A confirmation letter **Ensure that both the copy and the certification stamp are clear, legible, and valid.**	☐
Certified copy of Driver's license and Professional Driving Permit (PDP), valid for the current year (***mandatory***) **Ensure that both the copy and the certification stamp are clear, legible, and valid.**	☐
Certified copy of HPCSA Registration Certificate signed by the Registrar (***mandatory***) **Ensure that both the copy and the certification stamp are clear, legible, and valid.**	☐
Copy of HPCSA Practitioner Card for the current year (***mandatory***)	☐
Copy of Employment contracts for staff members, signed by both the employee and employer (***mandatory***)	☐
Document confirming that you have the necessary permission to practice outside of the conditions of your employment with the state *(Confirmation of Community of Service Completion/ Resignation letter/ RWOPS Application form/RWOPS Approval Certificate/Sessional work contract)* (***where applicable***)	☐