

## Practice Number Application Forms

All application forms must be accompanied by the relevant documentation listed on each application form. **CLICK** on any application form listed on any of the pages here, **OPEN** in your browser and **DOWNLOAD** to your PC.

**During the COVID-19 lockdown period, all forms and required documentation can be sent via email to [pcns\\_admin@bhfglobal.com](mailto:pcns_admin@bhfglobal.com)**

### For Health Professions Council of South Africa (HPCSA) practitioners

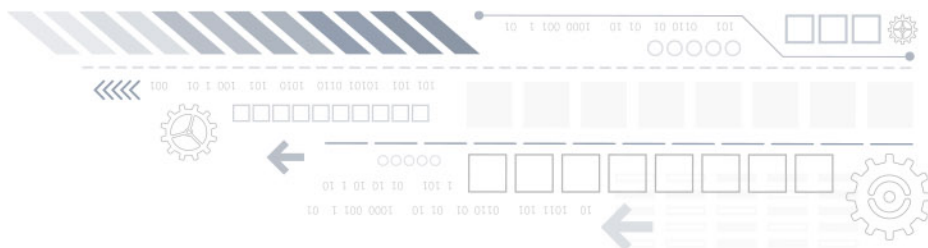
- [Application Form for General Practitioners](#)
- [Application Form for HPCSA Specialist Practitioners](#)
- [Application Form for HPCSA Professions](#)
- [Application Form for Dental Therapists, Medical Technologist and Diagnostic Radiographers](#)
- [Application Form for Optometry and Optical Dispensers](#)

### For Allied Health Professions Council of South Africa (AHPCSA) practitioners

- [Application Form for AHPCSA Registered Disciplines](#)

### For all Partnerships, Associations or Incorporated Practices (Any discipline)

- [Application Form to form a Partnership, Association or Incorporated Practice](#)



### For South African Pharmacy Council (SAPC) practitioners

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- [Application Form for a Pharmacy](#)
- [Application Form for a PCDT Pharmacist](#)

### For Dental Technicians Council of S.A. practitioners

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- [Application Form for Dental Laboratories](#)

### For Hospice Palliative Care Association of S.A. facilities

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- [Application Form for a Hospice](#)

### For South African Nursing Council (SANC) practitioners

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- [Application Form for Registered Nurses](#)

### For South African Council for Social Service Professions (SACSSP)

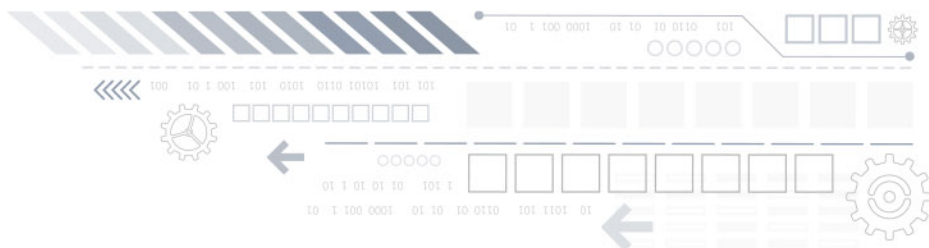
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- [Application Form for Social Workers](#)

### For Facilities or Institutions

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- [Application Form for Mental Health Institutions](#)
- [Application Form for Provincial Hospitals](#)



## For Ambulance Services

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### *Advanced Life Support*

- [Inspection Letter for Advanced Life Support](#)
- [Ambulance Criteria for ALS](#)
- [Checklist for Advanced Life Support](#)

### *Intermediate Life Support*

- [Inspection Letter for Intermediate Life Support](#)
- [Ambulance Criteria for ILS](#)
- [Checklist for Intermediate Life Support](#)

## For Private Hospitals

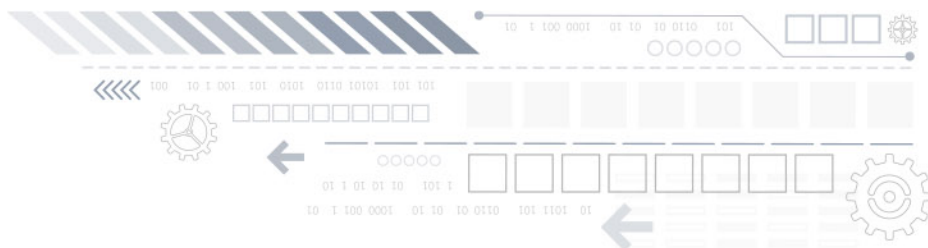
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### *B Status Hospital*

- [Inspection Letter for Private Hospital B Status](#)
- [Criteria for a B Status Hospital](#)
- [Questionnaire for a B Status Hospital](#)

### *A Status Hospital*

- [Inspection Letter for Private Hospital A Status](#)
- [Criteria for an A Status Hospital](#)
- [Questionnaire for an A Status Hospital](#)



## For Clinics

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- [Inspection Letter for Day Clinic or UOTU](#)
- [Questionnaire for a Day Clinic or Unattached Operating Theatre Unit](#)
- [Criteria for awarding a Day Clinic or Unattached Operating Theatre Unit](#)

## For Medical Device Suppliers

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- [Application Form for Device Supplier](#)

## For Rehab Centres

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- [Inspection Letter for a Physical Rehab Centre](#)
- [Criteria for awarding Acute Physical Rehabilitation Unit Status](#)
- [Questionnaire for completion by a Private Hospital Applying for Comprehensive Physical Rehabilitation Unit Status](#)
- [Application Form for Drug and Alcohol Rehab Centres](#)

## For Sub-Acute Facilities

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- [Inspection Letter for a Sub-Acute Facility](#)
- [Criteria for awarding the status of an approved Private Sub-Acute Facility with a 49 Practice Number](#)