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**TO: THE PSYCHOLOGY PROFESSION**

**PROFESSIONAL BOARD FOR PSYCHOLOGY**

**Department:** Office of the Registrar

**Division:** Executive Company Secretariat

**Date:** 04 February 2025

Dear Practitioner,

### **DEVELOPMENTAL PATHWAYS PROGRAMME FOR THE PROFESSION OF PSYCHOLOGY**

Following the registration conversion programme, which was limited to Clinical, Counselling and Educational Psychology, the Professional Board for Psychology resolved to consider a Developmental Pathways Programme to include all categories registrable with the Professional Board for Psychology. Practitioners will be assisted to move into any category of registration on condition that they meet the minimum requirements for the category of choice, complete an approved internship and pass the National Board Examinations.

Practitioners who wish to apply for the Developmental Pathways Programme must be currently registered for a minimum of three (3) years, been active in continuous practice, and be CPD compliant. 'Practice' means any role, whether remunerated or not, in which applicants use their skills and knowledge as registered psychologists in the profession. Practice is not restricted to the provision of direct clinical care. It also includes using your professional knowledge in a direct nonclinical relationship with clients, when working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact the safe, effective delivery of services in the profession. Applicants should provide a detailed history of their practice since registration, including any periods when not active, and according to the format described below.

1. Practitioners who wish to apply must choose one registration category.
2. Applications will only be reviewed once all the necessary documentation and evidence in support of the application have been submitted. The evaluation of the evidence will be undertaken by the Professional Board.
3. All approved applicants will be required to complete a 12-month internship in the approved category of registration. The applicant is responsible for securing an internship. The internship can be in a private practice setting. The tailored internship programme must be approved prior to commencing with the internship. Hours completed outside of the date of approval will not be considered.
4. All approved applicants will be required to write the Board examinations in the category they applied for after completion of all requirements prescribed by the Professional Board. The National Board Examination policy and rules will apply.
5. When applying for registration, you will need to submit to the Registration Division an intern duty certificate, letter from the Professional Board confirming approval into the new category, and a letter confirming passing of National Board Examination.



<b>Work / Practice History</b>	<p>Current and Previous Positions. Details to include:</p> <ul style="list-style-type: none"> <li>• Dates (for example; 30/06/2000 - 30/06/2002)</li> <li>• Position(s) - Title</li> <li>• Facility (including name, address and contact details i.e. City, Province, Country)</li> <li>• Responsibilities (including whether the position was fulltime/part-time and if part-time include hours of work/week)</li> <li>• Clinical responsibilities</li> <li>• Supervisors</li> </ul>
<b>Internship</b>	<p>Provide in the chronology of the practice history details of internship rotations and placements. Also, give details of supervisors and their registration categories.</p>
<b>Gaps in Work Practice History</b>	<p>Please provide an explanation of any period since obtaining your professional qualifications where you have not practised and the reasons (e.g. undertaking study, travel, family commitment).</p>
<b>Registration History</b>	<p>Provide a list of jurisdictions i.e. authorities:</p> <ul style="list-style-type: none"> <li>• where you are currently registered to practice, your registration number and date for first registration</li> <li>• where you have been previously registered to practice and your registration number and dates of registration.</li> <li>• where you have applied for registration and that application remains under consideration.</li> </ul>
<b>References and Publications</b>	<p>Note: If provided this should be limited to 1-2 pages.</p>
<b>Declaration</b>	<p>The Curriculum Vitae is true and correct as at [insert date]. (This declaration must be signed and dated.)</p>

Format of the Portfolio of Evidence

<b>Competency</b>	<b>Evidence (i.e., by training, practice, research, teaching, observation etc.) Reference any attachments.</b>



PROFESSIONAL BOARD FOR PSYCHOLOGY

# Application for the Developmental Pathways Programme

This form should be completed by persons registered in the category of Counselling Psychology, Educational Psychology, Industrial Psychology, Research Psychology, Clinical Psychology, Neuropsychology, Registered Counsellor and Psychometry.

I apply to participate in the Developmental Pathways Programme.

I am currently registered as a		HPCSA registration Number	Conversion to: (choose one category)	
<input type="checkbox"/>	Clinical Psychologist	PS	<input type="checkbox"/>	Clinical Psychologist
<input type="checkbox"/>	Counselling Psychologist	PS	<input type="checkbox"/>	Counselling Psychologist
<input type="checkbox"/>	Educational Psychologist	PS	<input type="checkbox"/>	Educational Psychologist
<input type="checkbox"/>	Industrial Psychologist	PS	<input type="checkbox"/>	Industrial Psychologist
<input type="checkbox"/>	Registered Counsellor	PRC	<input type="checkbox"/>	Registered Counsellor
<input type="checkbox"/>	Psychometrist	PMT	<input type="checkbox"/>	Psychometrist
<input type="checkbox"/>	Neuropsychologist	PS	<input type="checkbox"/>	Neuropsychologist
<input type="checkbox"/>	Research Psychologist	PS	<input type="checkbox"/>	Research Psychologist

## SECTION A: PERSONAL DETAILS

Title: Prof  Dr  Mr  Ms  Mrs

Surname: .....

Maiden Surname (if applicable): .....

First name(s): .....

..... Birth Place: .....

Identity number: .....

Postal address: .....

Tel. (Work): ..... (Home): .....

Cell:.....

E-mail Address: .....

Marital Status: Divorced  Married  Single

Gender: Female  Male

## SECTION B: QUALIFICATIONS

Name of Degree	University or Institution where degree/qualification was obtained	From		To	
		Month	Year	Month	Year

## Internship

Name of Institution	Categories / Domains	From		To	
		Month	Year	Month	Year

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**Professional Experience** *(in chronological order)*

Name of Institution	Nature of appointment held	From		To	
		Month	Year	Month	Year

**SECTION C: DECLARATION**

**DECLARATION BY APPLICANT APPLYING FOR TRANSVERSE REGISTRATION IN TERMS OF SECTION 24 OF THE HEALTH PROFESSIONS ACT, 1974**

I, .....hereby declare under oath as follows:

- a. I am the person referred to in the accompanying certificate(s) of qualification(s) which I submit in support of my application to be registered as a **PSYCHOLOGIST/REGISTERED COUNSELLOR/PSYCHOMETRIST** in the Republic of South Africa.
- b. The said qualification(s) was/were granted to me after examination and is/are my own lawful property, and entitle me as far as professional qualifications are concerned, to practise as a **PSYCHOLOGIST/REGISTERED COUNSELLOR/PSYCHOMETRIST** in the country of its/their origin, namely -
- c. The course of study in professional subjects which I underwent, covered a period of ..... academic years. The last ..... academic years of professional study for admission to the examination for the qualification(s) in respect of which I apply for registration, were taken at .....  
(insert name of University)
- d. I have never been convicted in any country of any offence against the law or been debarred from practice by reason of misconduct and, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at present\*.
- e. I further accept that my application may be delayed should I fail to submit all the required documentation.

Signature .....

SWORN before me at ..... this .....day of

..... 20.....

Signature: .....

**Justice of the Peace or Commissioner of Oaths**

I, the undersigned\*\* .....  
of ..... hereby declare under oath:

I personally know .....  
whose signature appears above. To the best of my knowledge and belief, the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as a **PSYCHOLOGIST**.

Signature ..... Profession or calling .....

SWORN before me at ..... this.....day of  
..... 20 .....

Signature .....  
Justice of the Peace or Commissioner of Oaths

District ..... of  
.....

I, the undersigned\*\* .....  
of ..... hereby declare under oath:

I personally know .....

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whose signature appears above. To the best of my knowledge and belief the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as a **PSYCHOLOGIST/REGISTERED COUNSELLOR / PSYCHOMETRIST**

Signature .....

Profession or calling .....

SWORN before me at ..... this.....day of  
..... 20.....

Signature: .....  
Justice of the Peace or Commissioner of Oaths

District of .....

\*\* ***The signatories should preferably be Psychologists***

The completed form is to be returned to the Registrar, Health Professions Council of South Africa, P O Box 205, Pretoria, 0001. **A soft copy of your application should be** emailed to Ms. Hilda Baloyi at [HildaB@hpcsa.co.za](mailto:HildaB@hpcsa.co.za)

To be considered, this application must be accompanied by a CV in the specified format and a Portfolio of Evidence in the specified format. Please see the guidance document