

REPLACEMENT AMBULANCE STAFF MEMBER UPDATE FORM

Please Note

1	The completed update form can be sent to pcns_admin@bhfglobal.com	<input type="checkbox"/>
2	<p>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.</p> <ul style="list-style-type: none"> • Confirmation of Community of 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. <p>Please also supply the contact details of the persons responsible to confirm the approval/resignation.</p> <p>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.</p>	<input type="checkbox"/>
3	All Healthcare Service Providers who are in Public Service are required to submit the renewed necessary approvals stipulated above annually to avoid the suspension of their practice numbers.	<input type="checkbox"/>
4	The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.	<input type="checkbox"/>
5	Should you have any Queries regarding this Application, please contact Client Services at +27 87 210 0500 or e-mail clientservices@bhfglobal.com	<input type="checkbox"/>

KINDLY NOTE THIS UPDATE FORM MUST BE FULLY COMPLETED IN ADDITION TO THE SUPPORTING DOCUMENTATION REQUIRED TO BE SUBMITTED. FAILURE TO DO SO WILL RESULT IN THE DELAY IN THE PROCESSING OF UPDATING YOUR ACCOUNT.



Lower Ground Floor, South Tower
1Sixty Jan Smuts, Rosebank, 2196



P O Box 2863, Saxonwold, 2132
clientservices@bhfglobal.com



T 087 210 0500

DIRECTORS NJ Khauoe (Chairperson) • G Goolab (Deputy Chairperson) • JK Mothudi (Managing Director) • GA Bartlett • LR Callakoppen • DC Carolus • BC Kamanga (Malawi) • NPB Khumalo • JH Joubert • SM Mkhonta (eSwatini) • TM Mloyi-Ncube (Zimbabwe) • CM Mokgosana (Botswana) • BOS Moloabi • FM Mosoeu • MS Mphomela • RR Nandkoomar • FV Nompumza • HC Schäfer (Namibia) • MC Wilson

Please show by ticking the 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 authority. **The commissioner of oaths should be impartial, unbiased, not related to the Healthcare Service Provider (HSP), and who has 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, including the name of the Commissioner of Oaths and the words COMMISSIONER OF OATHS, and 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).


Required Documents for new staff member(s)

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 for nominated and appointed proxy/signatory for the registration of the PCNS practice number (mandatory for facilities with more than 1 Director listed on the Company Registration documents)	<input type="checkbox"/>
Certified copy of the owner/appointed proxy's identifying document (mandatory): <ul style="list-style-type: none"> Identity Document or Passport and proof of permanent residence, <i>where the applicant is not a South African citizen.</i> 	<input type="checkbox"/>
Certified copy of a document issued by the Department of Home Affairs where the owner/appointed proxy's surname or name(s) differ on 2 or more supporting documents <ul style="list-style-type: none"> Marriage Certificate or Divorce Decree or A confirmation letter 	<input type="checkbox"/>
Details form completed and signed by the owner or appointed proxy (mandatory)	<input type="checkbox"/>
Certified copy of the staff member's identifying document (mandatory): <ul style="list-style-type: none"> Identity Document or Passport and proof of permanent residence, <i>where the applicant is not a South African citizen.</i> 	<input type="checkbox"/>
Certified copy of a document issued by the Department of Home Affairs where the staff member's surname or name(s) differ on 2 or more supporting documents <ul style="list-style-type: none"> Marriage Certificate or Divorce Decree or A confirmation letter 	<input type="checkbox"/>
Certified copy of Driver's license and Professional Driving Permit (PDP), valid for the current year (mandatory)	<input type="checkbox"/>
Certified copy of HPCSA Registration Certificate signed by the Registrar (mandatory)	<input type="checkbox"/>
Copy of HPCSA Practitioner Card for the current year (mandatory)	<input type="checkbox"/>
Copy of Employment contracts for staff members, signed by both the employee and employer (mandatory)	<input type="checkbox"/>
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)	<input type="checkbox"/>

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We recommend that you complete the form in BLOCK letters only OR/ type to complete. Unclear handwriting may delay the processing of your application for a PCN and lead to errors in the information captured

STAFF MEMBER DETAILS

Title _____ Initials _____ First Names _____ Surname _____
 ID Number _____ Council Number _____
 Government employee (Yes) or (No)
 If yes, please provide Certificate: Approval of other Remunerative Work

CONTACT DETAILS FOR THE PERSON RESPONSIBLE FOR CONFIRMING THE EMS STAFF MEMBER'S RWOPS APPROVAL/NATURE OF STATE EMPLOYMENT

Name and Surname _____ Designation _____
 Telephone Number _____ E-mail address _____

NB: Please be advised that due to the external validation process with your employer, the updating of your practice number will be delayed.

AMBULANCE SERVICE DETAILS

Service Practice Number _____

Practice Postal Address _____

 Suburb _____
 Town _____
 Code _____ Province _____
 Telephone Number (_____) _____
(If no telephone number is provided your cell phone number will be captured as the main telephone number on the system as this is a mandatory field)

Practice Physical Address _____

 Suburb _____
 Town _____
 Code _____ Province _____
 Cell Number (_____) _____
 E-mail Address _____


I, the undersigned, hereby declare that this above information is valid as of the date of signature hereof.


SIGNATURE OF OWNER/APPOINTED PROXY


DATE

FULL NAME AND SURNAME OF OWNER/APPOINTED PROXY

NB: Digital signatures are not acceptable and may delay the processing of your update.

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