

ACCREDITATION OF SPORTS MEDICINE PROFESSIONALS & PRACTICES

Approval as an individual accredited by the South African Sports Medicine Association and recognition as qualified and experienced in the field of sports medicine, will be confirmed by the issuing of a certificate that is to be renewed every 3 years, using the following parameters:

Accreditation Status	Required Score
Full Accreditation Professional – all disciplines	≥ 25 points
Sports Medicine Professional in Training	10 – 15 points

Appropriate professional registration, medical indemnity insurance & SASMA membership are prerequisites to apply for accreditation.

SASMA accreditation provides:

- Active marketing of your SASMA accredited status.
- Listing as accredited member on the SASMA website.
- Individual and practice certification for 2 years from date of application
- Discounted registration fees for Biennial SASMA Congress

FEES

Please indicate what you like to order when your application is successful

Fee	Description	Mark with X
R800	Application	
R600	Plaque	
R200	Courier cost	

Bank Details:

Internet payment or Bank deposits:

BANK: NEDBANK
ACCOUNT NAME: SASMA
ACCOUNT NUMBER: 1063101239
BRANCH CODE AND NAME: 198765

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

1. Complete form.
2. After completing the form and calculating your score, send your form, the relevant documents and the proof of payment to:

Linda van Rooyen
Email address: admin@sasma.org.za

APPLICATION FOR SASMA ACCREDITATION

Date: _____

Are you an accredited member? _____

Year of accreditation: _____

Status: _____

PROFESSIONAL DETAILS

1. DEMOGRAPHIC DATA

Name: _____ Surname: _____

Province: _____

I.D. Number: _____ Passport Number: _____

Passport Type: _____

GENDER:

M	F
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2. PROFESSION

Medical Practitioner	
Physiotherapist	
Biokineticist	

Chiropractor	
Podiatrist	
Dietician	
Other: (Specify)	

3. CONTACT DETAILS (For delivering of plaque)

Postal address:

Postal Code: _____

TELEPHONE NUMBERS AND EMAIL ADDRESS:

Work: _____ Home: _____

Cell: _____ Email: _____

4. REGISTRATION WITH PROFESSIONAL BODIES

Name of Society	Membership Number
SASMA	
HPCSA	
Names of other professional societies:	

Proof of current registration must accompany this application

PROFESSIONAL SPORTS MEDICINE SCORING SHEET		
Years of experience in your profession (General Practitioner, Sports Physician, Orthopedic Surgeon, Physiotherapist, Chiropractor, Biokineticist, Podiatrist, Dietician)	0-4 years	2
	5-10 years	4
	>10 years	6

Proportion of your practice dedicated to sports medicine	0-10%	0
	10-30%	1
	30-50%	2
	50-75%	3
	75%+	4
Post- graduate qualifications related to Sport and Exercise Medicine (SEM): • • • • • •	OMTI/SPTI	3
	Master's degree in SEM (by course work and dissertation)	5
	Master's degree in SEM (dissertation only)	4
	Master's degree in SEM (course work only)	3
	MMed degree or FCS (Ortho)	5
	Sports Medicine Fellowship	5
Doctoral degree	6	
Additional Qualifications • •	Manual therapy	1
	Dry needling/Acupuncture	1
	Strapping	1
	Diving medicine	1
	Other	1
• •	School	2
	Club	3
	Provincial	5
	Super 14	7
	National Schools	3
	National U/19	5
	National U/20	6
	National U/21	6
	National U/23	6
	Women's National	6
	Development	6
SA "A"	6	
National	7	
Personal playing experience in sport _____ _____ _____ _____	Schools	1
	Club	1
	Provincial	2
	National (School, u19, u20 etc.	3

Academic involvement in Sports Medicine List detail:	Teaching undergraduates	2	
	Teaching post-graduates	3	
	Academic publications < 2	1	
	Academic publications 2 or more	3	
	Book chapter	2	
Involvement in SASMA and related administrative academic activities in last 5 years (List):	Attendance at regional meeting in the last year	1 each	
	Attendance at Biennial Meeting	2 each	
	Presentations at regional meetings	2 each	
	Presentations at Biennial Meeting	2 each	
	Attendance at international Sports Medicine meetings	2 each	
	Presentations at international Sports Medicine meetings	2 each	
	Sports Medicine Committee EXCO member	1 each	
	TOTAL SCORE		
	For office use only:		
Status:			
Year:			

