

**ACTUARIAL SOCIETY OF SOUTH AFRICA
 APPLICATION FOR RENEWAL OF HEALTHCARE PRACTISING
 CERTIFICATE**

Member's details

Name:

Date admitted as a Fellow of the Institute or Faculty of Actuaries (or Other):

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If "Other", please specify:

Date admitted as a Fellow of the Actuarial Society of South Africa:

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Employer:

Is the employer a Registered Services Provider with the Actuarial Society of South Africa?

Yes	No
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Previous approval

Date of previous approval:

Work experience

Describe your work experience including the nature of your actuarial experience since the date of issue of your last practising certificate:

Period (from – to)	Organisation	Title / designation	Field of activity	Nature of experience

CPD requirements

I have complied with the following minimum CPD requirements each year since the issue of my previous practising certificate:

- 15 hours of verifiable CPD, including
- 10 hours health related CPD and
- 2 hours specifically related to professionalism matters.

Appropriate person questionnaire

Have you been found guilty of unprofessional conduct in terms of the disciplinary procedures of the Institute / Faculty of Actuaries, the Actuarial Society of South Africa or any other actuarial association that is a member of the IAA?	Yes	No
Have you been convicted of any serious offence by any court? (Excludes any offence committed when you were under 18 years, unless committed within the last 10 years, any road traffic offence in respect of which a fine was levied; or any political offence for which amnesty has been granted.)	Yes	No
Has any regulatory authority raised any professional or actuarial conduct issues with you?	Yes	No

Please supply further details where indicated "Yes" above.

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Certification

I certify that:

- In my opinion, I have the necessary knowledge, skills and experience to carry out the professional duties required of a healthcare actuary.
- I have read and understand the Professional Conduct Standards.
- I have read and understand the Actuarial Society guidance notes relating to healthcare.
- I am fully aware of the obligations and duties of a healthcare actuary.

Annexures

I attach the following annexures:

Annexure A – CPD Record (since issue date of previous practising certificate)

Signature of applicant, confirming that the above information is accurate:

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Name:

Qualifications:

Date: