

TO BE COMPLETED BY THE MEDICAL PRACTITIONER

**To: Lead: Examinations
Capabilities and Endorsements
The South African Institute of Chartered Accountants**

**RE: Application for special concession to undertake the INITIAL
ASSESSMENT OF COMPETENCE**

I _____
(medical practitioner's full name)

and Identity number _____

and practice number _____

do hereby declare the following:

1) I am a qualified medical practitioner and qualified and practicing
specialist in _____
(state area of speciality)

2) I have examined _____
(state candidate's name)

Candidate ID number _____

on this date: _____

(date)

3) It is my professional opinion that the candidate suffers from the following medical
condition / physical handicap / learning disability: (This definition excludes
conditions which can be neutralised through physical aids or controlled by medical
treatment)

- 4) It is my professional opinion that she/he is unable to undertake a written examination under normal circumstances for the following reasons:

(Further detail with regard to my diagnosis, the history of the condition and the duration of its effects are clearly documented in the attached reports)

- 5) I confirm that the above and the attached documentation are a true and correct reflection of the condition suffered by:

(repeat candidate's name)

(Medical practitioner's stamp)

(Signature)

(Date)

