



FORM 324

APPLICATION TO WRITE THE BOARD EXAMINATION FOR DENTAL ASSISTANTS
PROFESSIONAL BOARD FOR DENTAL ASSISTING,
DENTAL THERAPY AND ORAL HYGIENE

Please email completed form and proof of payment to: Simangelek@hpcsa.co.za or Channu-leel@hpcsa.co.za

NB: THIS FORM HAS TO BE DULY COMPLETED BY THE CANDIDATE

A. PERSONAL PARTICULARS

I, (Dr, Mr, Mrs, Miss) Surname:

Registration Number: DA-S.....

Maiden Name (if applicable):

First Names:Identity No.....

Postal Address:

.....Post Code:

Residential Address:

.....Post Code:

Province.....

Tel (H):(W):

Cell:Fax:

Email:

I hereby apply to write the examination for Dental Assistants on20.....

☞ SIGNATURE.....Date20.....

NB: The Board Examination is applicable only to Student Dental Assistants registered under the Grandfather clause, i.e. based on years of experience.