

**MEDICAL AND DENTAL PROFESSIONS BOARD
APPLICATION FOR REGISTRATION
INDEPENDENT PRACTICE – (MEDICAL PRACTITIONER)**

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please PRINT and return the **DULY COMPLETED FORM** per registered mail or per courier to:
The Registrar, PO Box 205, Pretoria 0001
553 Vermeulen Street, Arcadia, Pretoria 0083

**FOR
OFFICE
USE ONLY**

A. PERSONAL PARTICULARS

HPCSA Registration Number: _____

I, Dr, Surname: _____

Maiden name (if applicable): _____

First names: _____ Identity No.: _____

Postal address: _____

Postal code: _____

Residential address: _____

Postal code: _____

Tel (H): _____ (W): _____

Cell: _____ Fax: _____

Email: _____

* Marital Status: Divorced Married Single Gender: Male Female

* Race: Asian African Coloured White Country of origin: _____

Hereby apply to be registered as a Medical Practitioner in the category Independent Practice after having completed a period in public service at:

(Specify name of Hospital(s)).

I declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country and that, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present

SIGNATURE: _____ **Date:** _____ **20** _____

- B.1.** In support of my application I attach hereto **my permanent residence permit and a copy of my South African identity document.**
2. Proof of ECFMG verification report confirming verification of my **medical degree, transcript and registration with any other medical authority where I practiced my profession outside the Republic of South Africa.**
 3. Proof of passing the assessment by the Medical and Dental Board (i.e. Board exam OR final year University exam with the Republic of South Africa).

* Please complete for statistical purposes.

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.

Received on

MP:

Reg. Date

VERIFIED

DATE

CAPTURED

DATE

VERIFIED

DATE