



Form 21.1

APPLICATION FOR REGISTRATION AS A SPECIALIST
IN TERMS OF BOARD NOTICE 230 of 2015
NB: REGISTRATIONS EXTENDED FROM 01 JULY 2016
AND CLOSES 01 JANUARY 2017.

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU

Please PRINT and return the ORIGINAL FORM to:

The Registrar, PO Box 205, Pretoria 0001 by registered mail for ease of tracking mail
553 Madiba Street, Arcadia, Pretoria 0083

The following is submitted in support of my application:

- 1. Applicants who wish to register in the category of Independent Practice should submit a certified copy of their permanent resident permit.
2. A certified clear copy of your identity document.
3. Additional information pertaining to your application, to which you wish to draw attention, should be provided in a separate document.
4. Should you have obtained an additional qualification that is registrable in terms of the Health Professions Act, Act No. 56 of 1974 as amended, please apply by submitting the original duly completed application Form 19 duly as well as proof of payment of the additional qualification registration fee of R300.00.
5. Only duly completed applications, which include the registration fee of R3977.00 will be considered.

PERSONAL PARTICULARS

HPCSA Registration Number:

Surname:

First names:

Identity Number:

Postal address:

Postal code:

Tel (H): (W):

Cell: Fax:

Email:

*Marital Status:

Divorced Married Single

*Gender:

Male Female

*Race:

Asian

*Country of origin:

African Coloured White

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.

FOR OFFICE USE ONLY

Received on

Amount

Receipt. No.

Reg. Date

I certify that the application meets the requirements as outlined and that I have verified the application:

Registration Officer:

Signature:

Date:

SIGNATURE: Date 20

SWORN BEFORE ME AT:

this day of 20 SIGNATURE:

COMMISSIONER OF OATHS/JUSTICE OF PEACE for the district of:

ORIGINAL OFFICIAL STAMP OF COMMISSIONER OF OATHS

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.

Updated/04-2017