



Health Professions Council of South Africa

Form 27

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
CERTIFICATE OF COMPLETION OF COMMUNITY SERVICE
APPLICATION FOR CATEGORY CHANGE (PUBLIC SERVICE)

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

NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED

FOR OFFICE USE ONLY

A. PERSONAL PARTICULARS

HPCSA Registration Number:

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

Maiden name (if applicable):

First names: ID/Passport 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:

I declare that I am the person referred to in the certificate below.

I further accept that my application could be delayed should the form be incomplete and/or the relevant documents not be submitted herewith.

SIGNATURE: Date: 20

Received on
No.
Reg. Date

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

Registration Officer:

Signature:

Date:

B. DECLARATION

It is hereby certified that: (Dr, Mr, Mrs, Miss):

Was employed at this institution (name and address of training institution):

From: To:

As a Category (if applicable)

that he/she complied with the requirements of community service as determined by the Department of Health and that his/her service was satisfactory.

OFFICIAL DATE STAMP OF INSTITUTION

SIGNATURE: Head of Department/ Directorate Name: Please print

Designation:

Tel: Date:

SIGNATURE: Dental Superintendent/Head of Institution Name: Please print

Designation:

Tel: Date:

C. The following is submitted in support of my application for registration:

- 1. A copy of my identity document or birth certificate.
2. A copy of my marriage certificate (should you wish to register in your married surname).
3. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health.
4. A copy of my original registration certificate with the HPCSA as a Student or in the category Community Service.

* 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.