



# MEDICAL AND DENTAL PROFESSIONS BOARD APPLICATION FOR REGISTRATION

**Form 36 PH**

**CERTIFICATE OF MEDICAL PHYSICIST INTERN TRAINING**

**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

PHIN: .....  
Date of commencement of internship: .....

**A. ISSUED BY**

Name of training institution: .....

Full postal address: .....

Code .....

Telephone No. (of Supervisor): .....

Fax: .....

Cellular: .....

Email: .....

**B. DECLARATION**

I, ..... Registration Number PH/MP: .....

Registration date: ..... Speciality: .....

the undersigned, do hereby certify that (name of person applying for registration): .....

has worked at the (name of institution): .....

in the department of .....

in a full-time capacity as a (position held): .....

from: ..... to: .....

or part-time capacity as a (position held): .....

from: ..... to: .....

*(Two years part-time is equivalent to one year full-time and one year has to be full-time).*

I consider him/her to be a competent and fit person to practice as a Medical Physicist in the categories:

Medical Physics for Diagnostic Radiology

Medical Physics for Radiation Oncology

Medical Physics for Nuclear Medicine

Medical Physics for Radiation Protection

I, (full name, please print): .....

Head of the accredited training facility supported the application.

Signature: ..... Date: .....

**Return the duly completed form together with Form 24 PH to the above address.**

**\*Please complete for statistical purposes.**