

Form 27 PSY

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please **PRINT** and return the **ORIGINAL FORM** to:

The Registrar, The Professional Board for Psychology, PO Box 205, Pretoria 0001
553 Madiba Street, Arcadia, Pretoria 0083

DECLARATION

HPCSA Registration Number: _____

It is hereby certified that (Dr, Mr/Mrs/Miss*): _____ Surname: _____

First names: _____

Dates of commencement and completion of internship (12 months): _____ 20 _____ to _____ 20 _____

And from: _____ 20 _____ to _____ 20 _____

as an intern psychologist in the category: _____

That he/she underwent the training as set out in the criteria for the training of intern psychologists, and that his/her service was satisfactory.**

Name of intern training institution: _____

Full postal address: _____ Code: _____

Telephone No.: _____ Fax: _____

Cellular: _____ Email: _____

1. _____
**SIGNATURE: Head of the Department/Supervising Psychologist or
Official Deputy** **Name: Please print**

Date: _____ 20 _____

2. _____
**SIGNATURE: Administrative Head of the Institution or Official
Deputy** **Name: Please print**

Date: _____ 20 _____

3. _____
**SIGNATURE: Head of the Department of Psychology of the
Supervising University or Official Deputy** **Name: Please print**

Date: _____ 20 _____

* Delete where not applicable.

** If the intern's service is not satisfactory, a detailed explanation, setting out the reasons, should be submitted. This explanation must be signed by persons 1, 2 and 3.

Note: After completion of a second internship a candidate registered as a psychologist with the Board and wishing to register in an additional category has to submit this duly completed form.

Note: Registration fees are adjusted annually.

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.