



MEDICAL AND DENTAL PROFESSIONS BOARD
OF THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

APPLICATION TO SIT THE UNIVERSITY EXAMINATION TO REGISTER IN
INDEPENDENT PRACTICE (GENERAL PRACTITIONER)

NOTE: This form to be completed in full and returned to the Registrar, Medical and Dental Professions Board, P O Box 205, Pretoria, 0001, Republic of South Africa.

MP/DP NO

Closing dates for examinations:

23 December, 25 April and 25 August for the examinations held in February, June and October respectively

SURNAME (Please print):

FIRST NAMES (Please print):
.....

PROFESSION:

Medicine

Dentistry

ADDRESS (to which correspondence must be sent) (Please print):
.....
.....

TELEPHONE NUMBER AND DIALLING CODE:

FAX NUMBER:.....

CELL NUMBER:.....

E-MAIL ADDRESS:

SIGNED

DATE

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NOTE

In order to obtain registration in independent practice a letter issued by the Foreign Workforce Management Programme of the National Department of Health will be required confirming that the applicant had met the requirements pertaining to permanent resident status in South Africa and that there would not be any objection to his or her registration in independent practice.