
MEDICAL AND DENTAL PROFESSIONS BOARD

Department:

PROFESSIONAL BOARDS
SENIOR MANAGER: MR J H COETZER

My Ref:

Mr J Dinake
Ms L Swart
June 2005

Dear Doctor

APPLICATION FOR REGISTRATION AS A SPECIALIST IN MEDICINE OR DENTISTRY

Your enquiry regarding registration with the Board refers.

Foreign qualified health practitioners with qualifications that enable them to practice medicine or dentistry abroad/in their country of origin may apply for registration with the Health Professions Council of South Africa in the category Public Service, provided the applicant complies with the minimum requirements. In special circumstances, based solely on the discretion of the Board, applicants with identified qualifications, which were evaluated by the Board, may be exempted from the Examination of the Board.

Applicants are further required to secure written support in terms of employability from the Foreign Workforce Management Program (FWMP) of the National Department of Health, Pretoria.

South African qualified practitioners are required to submit Form 21 and 57, duly completed.

A person who secures relevant registration shall be restricted in terms of the conditions of his or her practice to the Public Service, whilst the duration of registration and scope of his or her practice shall be as specified by the Board. Registration is conditional in that the applicant should submit the required information, meet the minimum requirements for registration as specified by the Board and successfully complete the Board Examination for foreign qualified practitioners (where applicable).

The National Department of Health does not encourage the recruitment of individual foreign health professionals who are citizens of developing countries.

Since the procedures are clearly outlined in the application form for foreign qualified medical practitioners and dentists (Form 176 MP/DP) only a concise summary of information to be submitted is provided.

The following should be submitted to the Board for consideration prior to registration:

- The attached application form, duly completed.
- Copies of degree certificates of qualifications in medicine/dentistry and sworn translations in English (Copies will **only be accepted if certified by an attorney in his/her capacity as a notary public and bearing the official stamp**. Copies certified only by a Commissioner of Oaths **will not be accepted**).

In view of possible damage or loss of such documents it is not advisable to send such documents by mail.

Only original translations of the required documents done by a sworn translator and duly sealed and notarised will be accepted. In addition to such English translations, as indicated above, legible copies of the original documents, certified and duly sealed by a Notary Public should be submitted.

- A copy of the official and detailed curriculum of the applicant's course of study, specifying courses, content of education (theory) and training (practical/clinical), duration and mode of examination/evaluation.
- Verification of credentials by the Education Commission for Foreign Medical Graduates: International Credentials Services (to be obtained by the applicant at own cost) (see separate application form – applicable to medicine only). The Board recently agreed that the document could be submitted within a period of 6 months from the date of registration. Applicants who fail to meet this requirement will be de-registered.
- A recent original Certificate of Status (Certificate of Good Standing), indicating that the applicant is in good standing, issued by the foreign registration authority where the applicant is currently registered issued within the preceding three months.
- A copy of a valid Passport or Identity Document as proof of current citizenship, duly certified by a notary public as indicated above.
- A letter of endorsement in support of the application for registration issued by the Foreign Workforce Management Program (FWMP) of the National Department of Health. Applications should be directed to The Program Manager, FWMP, Room 1123, Fedlife Building, National Department of Health, Private Bag X828, Pretoria, 0001, RSA (e-mail: smiths@health.gov.za or pienal@health.gov.za). Applicants who fail to secure the support of the FWMP towards an application for registration or employment will not be eligible for registration.

In order to avoid delays in the processing of your application **all the documents, correctly certified** as per the policy of the Board should be submitted preferably **in one batch**. Applications submitted by **facsimile (fax)** will not be entertained. Documentation submitted by applicants from non-English speaking countries should be submitted in **English**. In addition to such English translations, the original documents, certified by a Notary Public should be submitted.

Please note that your application will not be processed if you fail to submit all the correctly certified documents.

Should you require any further information, please feel free to write to the Board.

Yours faithfully

pp _____
REGISTRAR



Form 21
SPECIALIST
SUBSPECIALIST

APPLICATION FOR REGISTRATION
SPECIALIST / SUB-SPECIALIST

Please use block letters and return to: The Registrar, P O Box 205, Pretoria, 0001
553 Vermeulen Street, Arcadia, Pretoria, 0083

FOR OFFICE
USE ONLY

NB: AN INCOMPLETE APPLICATION WILL DELAY REGISTRATION

1. The application forms must be duly completed. Information regarding experience must be provided in **CHRONOLOGICAL** order
 - For registration as a **specialist**, in the case of dentists information since qualifying as a dentist / for medical practitioners since commencement with internship.
 - For registration as a **sub-specialist information** since registration as a specialist.
2. Attach documentary evidence in respect of **experience** and **posts** held and provide the **exact** post held and time spent in each post. (Beginning and end dates must be clearly indicated.)
3. Additional information pertaining to your application, to which you wish to draw attention, should be provided in a separate document.
4. In order to register as a specialist, you will have to register an acceptable specialist qualification as an additional qualification against your name. (Form 19 duly completed as well as **R 60.00** fee)
5. Only duly completed applications, which include the registration fee of **R 800.00**, for speciality and **R 60.00** for the registration of the additional qualification - if applicable - will be considered.

Received on
.....
Amount
.....
Receipt no
.....
Reg Date
.....

PERSONAL PARTICULARS.

HPCSA Registration Number:.....

Surname:.....

First Names:.....

Postal Address:.....

.....Postal code:.....

Tel (H): (W):

Cell:Fax:

Email:

☞ SIGNATURE: Date:200

NAME OF SPECIALITY / SUB-SPECIALITY FOR REGISTRATION IN REGISTER:
.....

. QUALIFICATIONS ALREADY REGISTERED WITH THE BOARD:
.....

ANY OTHER MEDICAL/DENTAL QUALIFICATIONS HELD:
.....

SEE PAGE 2 FOR EXPERIENCE IN CHRONOLOGICAL ORDER. (See 1 above.)

NB: PLEASE READ INSTRUCTIONS ON FRONT PAGE PRIOR TO COMPLETING THIS SECTION

EXPERIENCE IN CHRONOLOGICAL ORDER

Dentists starting immediately after obtaining basic qualification.
Medical practitioners starting with beginning of Internship.

Name of hospital (or town/city in case of general practice)	Nature of appointment and department in which held	Full-time Or Part-time	From	To	Total period in months	Supporting documentary evidence* marked "A", "B", etc.

* See next page for instructions

.....
Signature of Applicant

.....
Date

SUPPORTING DOCUMENTARY EVIDENCE* MARKED “A”, “B”, ETC.

In terms of the Regulations relating to the specialities and subspecialities in medicine and dentistry promulgated as Regulation No. R. 590 on 29 June 2001 education and training obtained partly in any country other than South Africa, shall be recognised by the board only if the applicant submits documentary proof, issued by the foreign university or other educational institution, to certify that -

- The hospital or hospitals at which the applicant was educated and trained, is/are or was/were a teaching hospital or hospitals of the faculty of medicine or medical school of that particular university or other educational institution;
- The hospital or hospitals is/are or was/were approved and recognised to provide specialist education and training in the applicant's speciality;
- The specified period which the applicant had spent at the hospital or hospitals in question, is regarded and recognised by that university or other educational institution as a period of education and training in the applicant's speciality.

**APPLICATION FOR REGISTRATION
AS SPECIALIST IN PUBLIC SERVICE**

MEDICAL PRACTITIONER: DISCIPLINE

DENTIST: DISCIPLINE:

Please Print

1. Title (Prof, Dr): Surname:

2. Maiden Name (if applicable):

3. First name(s):

4. Date of birth: Birth Place:

5. Postal address:

.....
.....

Tel. (Work): (Home):

Cell: Fax:

E-mail Address:

*Marital Status: Divorced Married Single Gender: Male Female

*Race African Asian Coloured White Country of origin:

6. **Qualifications:**

Name of Degree	University or Institution where degree/qualification was obtained	From		To	
		Month	Year	Month	Year

7. **Training**

Name of Institution	Categories / Domains	From		To	
		Month	Year	Month	Year

8. **Professional Experience** (in chronological order)

Name of Institution	Nature of appointment held	From		To	
		Month	Year	Month	Year

9. DECLARATION BY APPLICANT APPLYING FOR REGISTRATION IN TERMS OF THE HEALTH PROFESSIONS ACT, 1974

I,hereby declare under oath as follows:

- a. I am the person referred to in the accompanying certificate(s) of qualification(s) which I submit in support of my application to be registered as a Medical Practitioner/Dentist in the Republic of South Africa.
- b. The said qualification(s) was/were granted to me after examination and is/are my own lawful property, and entitle me as far as professional qualifications are concerned, to practise as a Medical Practitioner/Dentist in the country of its/their origin, namely -
.....
- c. The course of study in professional subjects which I underwent, covered a period of academic years. The last academic years of professional study for admission to the examination for the qualification(s) in respect of which I apply for registration, were taken at (insert name of University or Medical/Dental School).
- d. I have never been convicted in any country of any offence against the law or been debarred from practice by reason of misconduct and, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at present*.
- e. I further accept that my application may be delayed should I fail to submit all the required documentation.

Signature

SWORN before me at thisday of 200.....

Signature:

Justice of the Peace or Commissioner of Oaths

I, the undersigned** hereby declare under oath:

I personally know whose signature appears above. To the best of my knowledge and belief, the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as a Medical Practitioner/Dentist.

Signature Profession or calling

SWORN before me atthis.....day of 200

Signature

Justice of the Peace or Commissioner of Oaths

District of

I, the undersigned** hereby declare under oath:

I personally know whose signature appears above. To the best of my knowledge and belief the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as a Medical Practitioner/Dentist.

Signature

Profession or calling
SWORN before me atthis.....day of
..... 200.....

Signature:
Justice of the Peace or Commissioner of Oaths
District of

* If the applicant is unable to make the declaration above, the Council, in order to consider the application, will require full particulars of the reasons for his or her inability.

** The signatories should preferably be Medical Practitioners or Dentists.

9. Any other relevant facts which the applicant wishes to bring to the attention of the Board:
.....
.....
.....

FOR OFFICIAL USE ONLY

Documents received	Yes	Date Received
Copy of degree certificate - Notarised		
Sworn Translation in English		
Proof of Specialist Training in Medicine (Practical/Clinical Training)		
Verification of credentials by the ECFMG		
Certificate of Status		
Proof of citizenship, Passport or Identity Document		
Letter issued by Foreign Workforce Management Programme re Employment		
Examination Fee		
Registration Fee		

COMMENT:
.....
.....
.....
.....
.....
.....
.....

