



Form 12-A
MP - PS

APPLICATION FOR REGISTRATION
MEDICAL AND DENTAL PROFESSIONS BOARD
MEDICAL PRACTITIONER - PUBLIC SERVICE

Please use block letters and return the ORIGINAL FORM to: The Registrar, Medical and Dental Professions Board,
P O Box 205, Pretoria, 0001 or
553 Vermeulen Street, Arcadia, Pretoria, 0083

FOR OFFICE
USE ONLY

NB: AN INCOMPLETE APPLICATION WILL DELAY REGISTRATION

A PERSONAL PARTICULARS.

HPCSA Intern Registration Number:.....

I, Dr, Surname:.....

Maiden Name (if applicable):.....

First Names:Identity No.....

Postal Address:

.....Postal Code:

Residential Address:

.....Postal Code:

Tel (H):(W):

Cell:Fax:

Email:

*Marital Status: Divorced Married Single Widowed Gender: Male Female

*Race: Asian African Coloured White Country of origin:

I hereby apply to be registered as a medical practitioner in public service.

SIGNATURE.....Date200

MP

Received on

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Amount

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Receipt no

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MP:

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Reg Date

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VERIFIED

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DATE

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CAPTURED

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DATE

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VERIFIED

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DATE

B The following is submitted in support of my application:

- 1) Registration fee: R 880.00 plus the pro-rata annual fee obtainable from our Call Center at 012 338 9300
PLEASE NOTE THAT THE HPCSA DOES NOT ACCEPT CASH ON OUR PREMISES
- 2) A copy of my identity document or birth certificate.
- 3) A copy of my marriage certificate (should you wish to register in your married surname)
- 4) Form 27 Com Service Completed, duly completed (proof that I have completed one year of community service)
- 5) Form 10A, duly completed (proof that I have completed one year of internship training) (if applicable)
- 6) Letter of endorsement by the Foreign Workforce Management Programme of the National Department of Health
- 7) Completed logbook for internship training.

***PLEASE COMPLETE FOR STATISTICAL PURPOSES**

NB please take note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.