



MEDICAL AND DENTAL PROFESSIONS BOARD
APPLICATION FOR REGISTRATION
CERTIFICATE OF MEDICAL BIOLOGICAL SCIENTIST
INTERN TRAINING

Form 36 MS

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please PRINT and return the ORIGINAL FORM to:
 The Registrar, PO Box 205, Pretoria 0001
 553 Vermeulen Street, Arcadia, Pretoria 0083

MSIN:
 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 MS/MP: _____
 Registration date: _____ Category of registration: _____
 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 biological scientist in the category:

1
SIGNATURE: Supervising Medical Biological Scientist/Medical Specialist **Name: Please print**
 Post Held: _____
 Date: _____ 20 ____

2
SIGNATURE: Head of the Training Facility **Name: Please print**
 Date: _____ 20 ____

3
SIGNATURE: Head of Department of the Collaborating University **Name: Please print**
 (Only applicable to non-university based training facility)
 Date: _____ 20 ____

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

***Please complete for statistical purposes.**

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.