Form 57 (FAM MED)

MEDICAL AND DENTAL PROFESSIONS BOARD

CERTIFICATE RELATING TO EDUCATION AND TRAINING IN FAMILY MEDICINE
(ONLY APPLICABLE TO EDUCATION AND TRAINING OBTAINED IN SOUTH AFRICA)

MP: ……………………………

NAME OF PRACTITIONER: ……………………………………………………………………….. **REGISTERED QUALIFICATIONS:** ………………………………...……………………

NAME OF TRAINING COMPLEX: ……………………………………………………………… **NAME OF UNIVERSITY:** ………………………………………………………………………

NAME OF FACULTY/SCHOOL OF MEDICINE, ETC.: ……………………………………………………………………...……………………………………………………………

Post Held: Registrar/Medical Officer	Academic Department	Period spent in Family Medicine	
		From	To
A.		*dd / mm / year*	*dd / mm / year*
B.		*dd / mm / year*	*dd / mm / year*
C.		*dd / mm / year*	*dd / mm / year*

Certified correct and we, the undersigned, declare that applicant completed the required training satisfactory. (If unsatisfactory, please state reasons in a separate submission.)

Signed: ………………………………………………..
Medical Manager of Training Complex

Signed: ……………………………………………………
Head of Academic Department

Signed: ……………………………………………………………
Dean of Faculty/School of Medicine/Health Sciences

Name: ………………………………………………
Please print

Name: …………………………………………………..
Please print

Name: ………………………………………………………....
Please print

UNIVERSITY DATE STAMP

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.***