



Health Professions Council of South Africa

Form 23 EMB

PROFESSIONAL BOAR FOR EMERGENCY CARE PRACTITIONERS

APPLICATION FOR REGISTRATION

NON - COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PRINT and return the ORIGINAL FORM to: The Registrar, PO Box 205, Pretoria 0001 or 553 Madiba Street, Arcadia, Pretoria 0083 by registered mail or courier for ease of tracking mail.

A. PERSONAL PARTICULARS

I, (Mr, Mrs, Miss) 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: Married Single Divorced Gender M F

* Race: African Asian Coloured Indian White Country of Origin: _____

Hereby apply to register as _____ (kindly indicate profession)

and declare that I am the person referred to in the attached certificate or qualification referred to below. I also declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country and that, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present.

SIGNATURE: _____ Date: _____ 20_____

B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:

- 1. Original grade 12 (matric) certificate. A copy will only be accepted if certified by an attorney in his/her capacity as a Notary Public and bearing the official stamp. Copies certified by a Commissioner of Oaths will not be accepted. (Applicable to all persons who enrolled for a BAA course a from 1 January 2012).
2. A copy of my identity document or birth certificate.
3. A copy of my marriage certificate (should you wish to be register in your married surname).
4. Registration fee of R1495 plus prorata annual fees obtainable from 0123389300 and banking details click here. (Identity number as deposit reference)
5. Section C duly completed.

ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED

C. TO BE COMPLETED BY THE UNIVERSITY/UNIVERSITY OF TECHNOLOGY/COLLEGE

Name of University/University of Technology/College: _____

It is hereby certified that _____ complied with all the requirements for the Degree/Diploma/Certificate of this institution on _____ (day) _____ (month) _____ (year) and that this qualification will be conferred/issued at a graduation ceremony on _____ (day) _____ (month) _____ (year).

I consider him/her to be a competent and fit person to practice as a _____

Table with 2 columns: Signature/Date and Original Official Date Stamp of Institution. Rows include Receptor/Dean/Operational Head and Registrar/Principal.

* 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.