



**MEDICAL AND DENTAL PROFESSIONS BOARD
APPLICATION FOR REGISTRATION
MEDICAL PRACTITIONER – PUBLIC SERVICE
(COMMUNITY SERVICE)**

Form 11 A(MP – COM)

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 **by registered mail for ease of tracking mail**
553 Madiba Street, Arcadia, Pretoria 0083

**BANKING
DETAILS**

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

Gender: Male Female

* Race: Asian African Coloured White

Country of origin:

Hereby apply to be registered as a Medical Practitioner to perform Community Service at:

(Specify name of approved Hospital).

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

Bank: ABSA
Branch: Arcadia
Branch Code: 632005
Account Type: Cheque Account

Account number: 405 00 33 481 (Annual fees only)

Account Number: 061 00 00 169 (All other fees)

PLEASE Include your HPCSA registration number as reference to ensure correct allocation against YOUR name.

B. The following is submitted in support of my application:

- 1. Registration fee of R1731.00.plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300.
- 2. A copy of my identity document or birth certificate (for first time registration).
- 3. A copy of my marriage certificate (should you wish to register in your married surname).
- 4. Form 10 A, duly completed (proof of completion of one/two years of internship training).
- 5. Duly completed logbook for internship training.
- 6. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health

I certify that the application meets the requirements as outlined in section B and that I have verified the application:

Registration Officer: Signature: Date:

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.