PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS

APPLICATION FOR RECOGNITION OF OCULAR THERAPEUTICS

Form 19 ODO

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

FOR OFFICE USE ONLY

Received on .....

Amount .....

Receipt No. .....

No. .....

Reg. Date .....

A. PERSONAL PARTICULARS

HPCSA Registration Number: .....

I, (Dr, 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: Divorced | Married | Single Gender: Male | Female

* Race: Asian | African | Coloured | White Country of origin: .....

hereby apply for recognition of **Ocular Therapeutics in Optometry** and declare that I have complied with the requirements determined by the Professional Board.

SIGNATURE: ..... **Date:** ..... **20** .....

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

Registration Officer:

.....

Signature:

.....

Date:

.....

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

☐	1. A copy of my identity document or birth certificate.
☐	2. A copy of my marriage certificate (should you wish to register in your married surname).
☐	3. Original confirmation issued by the educational institution confirming that you have complied with the requirements in respect of **Ocular Therapeutics.** Your name should appear on the lists posted on the HPCSA website as submitted by institutions to the Health Professions Council of South Africa.

*** 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.