



Form 21

APPLICATION FOR REGISTRATION
SPECIALIST/SUB-SPECIALIST

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.
Reg. Date

- 1. The application form must be completed IN DETAIL and CORRECTLY. Information regarding experience must be provided in CHRONOLOGICAL order.
2. Attach documentary evidence in respect of experience and posts held and provide the exact post held and time spent in each post (beginning and end dates must be clearly indicated).
3. Additional information pertaining to your application, to which you wish to draw attention, should be provided in a separate document.
4. In order to register as a specialist, you will have to register an acceptable specialist qualification as an additional qualification against your name. (Form 19 duly completed as well as additional qualification registration fee of R261.00.
5. Only duly completed applications, which include the registration fee of R3458.00 and the fee for registration of the additional qualification, if applicable. Please note that the current annual fee for a Specialist is R1 623.00, to register from Independent Practice to Specialist.

PERSONAL PARTICULARS

HPCSA Registration Number:
Surname:
First names:
Identity Number:
Postal 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:

I 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

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

Registration Officer:

Signature:

Date:

NAME OF SPECIALITY/SUB-SPECIALITY FOR REGISTRATION IN REGISTER:

QUALIFICATIONS ALREADY REGISTERED WITH THE BOARD:

ANY OTHER MEDICAL/DENTAL QUALIFICATIONS HELD:

PLEASE INDICATE REGISTRATION WITH OTHER MEDICAL/DENTAL COUNCIL:

Date of registration: and registration status:

SEE PAGE 2 FOR EXPERIENCE IN CHRONOLOGICAL ORDER (See 1. above).

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.

**NB** PLEASE READ THE INSTRUCTIONS ON THE FRONT PAGE PRIOR TO COMPLETING THIS SECTION  
**NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED**

**EXPERIENCE IN CHRONOLOGICAL ORDER**

Dentists starting immediately after obtaining basic qualification.  
Medical practitioners starting with beginning of internship.

| <b>Name of hospital<br/>(or town/city in case of<br/>general practice)</b> | <b>Nature of appointment and department in<br/>which held</b> | <b>Full-time<br/>or<br/>Part-time</b> | <b>From</b> | <b>To</b> | <b>Total period in<br/>months</b> | <b>Supporting<br/>documentary<br/>evidence marked<br/>"A", "B", etc.</b> |
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Signature of Applicant

Date