



**Form 23 A SLH  
CHANGE OF CATEGORY**

**PROFESSIONAL BOARD FOR SPEECH, LANGUAGE  
AND HEARING PROFESSIONS  
APPLICATION FOR REGISTRATION – INDEPENDENT PRACTICE  
CHANGE OF CATEGORY**

**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**

**A. PERSONAL PARTICULARS**

HPCSA Registration Number: \_\_\_\_\_

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:  Divorced  Married  Single Gender:  Male  Female

\* Race:  Asian  African  Coloured  White Country of origin: \_\_\_\_\_

Received on \_\_\_\_\_

Amount \_\_\_\_\_

Receipt No. \_\_\_\_\_

Reg. Date \_\_\_\_\_

**VERIFIED**

**DATE**

**CAPTURED**

**DATE**

**VERIFIED**

**DATE**

Hereby apply to register in the category:

Audiologist  Speech Therapist  Speech Therapist and Audiologist

I declare that I am the person referred to in the certificate 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

**I further accept that my application could be delayed should the form be incomplete and/or the relevant documents not be submitted herewith.**

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **20**

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

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

<input type="checkbox"/>	1. A copy of my marriage certificate (should you wish to register in your married surname).
<input type="checkbox"/>	2. A copy of my registration certificate with the Health Professions Council of South Africa.
<input type="checkbox"/>	3. Registration fee of <b>R594.00</b> plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300.
<input type="checkbox"/>	4. A written request to voluntary erasure from the current registered category.

Registration Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* 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.**