



Form 23 DR

PROFESSIONAL BOARD FOR RADIOGRAPHY
APPLICATION FOR REGISTRATION
COMMUNITY SERVICE

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

BANKING
DETAILS

A. PERSONAL PARTICULARS

HPCSA Intern 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:

To be completed by Radiographers

Diagnosis Nuclear Medicine Therapy Ultrasound

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 would be delayed should the form be incomplete and/or the relevant documents not be submitted herewith.

SIGNATURE: DATE: 20.....

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

** NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED.

- 1. Registration fee of R610.00 plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300. Please attach a copy of the proof of payment.
2. A copy of my identity document or birth certificate.
3. A copy of my marriage certificate (should you wish to register in your married surname).
4. A copy of my registration certificate as a student with the Health Professions Council of South Africa.

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).

WE RECOMMEND him/her for registration
SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD DATE
SIGNATURE: REGISTRAR/PRINCIPAL DATE

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

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.