Form 23IN

MEDICAL AND DENTAL PROFESSIONS BOARD

APPLICATION FOR REGISTRATION

INTERN IN MEDICINE

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
(NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED)

FOR OFFICE USE ONLY

Received on ....
Amount ....
Receipt No. ....
No. ....
Reg. Date ....

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

Registration Officer: ....
Signature: ....
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 to register as an Intern in Medicine and 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.

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

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

☐ 1. Registration fee of **R261.00**. Please attach a copy of the proof of payment.

☐ 2. Annual fee of **R641.00** is payable.Please attach a copy of the proof of payment.

☐ 3. A copy of my identity document or birth certificate.

☐ 4. A copy of my marriage certificate (should you wish to register in your married surname).

☐ 5. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health.

☐ 6. A copy of my registration certificate as a student / studentintern with the Health Professions Council of South Africa.

C. TO BE COMPLETED BY THE UNIVERSITY

Name of UnIversity: ....

It is hereby certified that .... complied with all the requirements for the

Degree .... of this institution

on .... (day) .... (month) .... (year) and that this qualification will be conferred/issued

at a graduation ceremony on .... (day) .... (month) .... (year).

We consider him/her to be a competent and fit person to practice as a...

WE RECOMMEND him/her for registration

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

....
SIGNATURE: RECTOR/DEAN **DATE**

....
SIGNATURE: REGISTRAR **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.

Updated/LS/04-2016