



Form 24 GC

MEDICAL AND DENTAL PROFESSIONS BOARD
APPLICATION FOR REGISTRATION
GENETIC COUNSELLOR

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 intern Registration No.:
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
I certify that the application meets the requirements as outlined in section B and that I have verified the application:
Registration Officer:
Signature:
Date:

Hereby make oath and declare that I am the person referred to in the attached documents submitted by me in support of my application as a Genetic Counsellor and that all the said documents were granted to me and are my lawful property. Further, I have never been convicted of any criminal offence or been debarred from practising my profession in any country by reason of a criminal offence or unprofessional conduct and 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 hold the qualification obtained on at
(University) and have successfully completed my internship at
(University) and hereby apply for registration as a Genetic Counsellor.

SIGNATURE: Date:
SWORN BEFORE ME AT: this day of 20
SIGNATURE:
COMMISSIONER OF OATHS/JUSTICE OF PEACE for the district of:

ORIGINAL OFFICIAL STAMP OF COMMISSIONER OF OATHS

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

- 1. My original masters degree certificate or equivalent thereof (a copy will only be accepted if certified by an attorney in his/her capacity as a Notary Public and bearing the official stamp, or Form 23 duly complete). Copies certified by a Commissioner of Oaths will not be accepted.
2. My curriculum vitae (only if not registered as an intern).
3. Documentary proof of at least two years' internship training in an HPCSA accredited training facility (Form 36 GC) and successful completion of Board approved assessment.
4. A certified copy of my identity document or birth certificate.
5. A certified copy of my marriage certificate (should you wish to register in your married surname).
6. A copy of my registration certificate as an intern with the HPCSA.
7. Registration fee of R 951.00PLUS the pro rata annual fee obtainable from the HPCSA call centre at 012 338 9300 (to be paid into ABSA Bank Arcadia, Branch code: 334945, Account no. 0610000169 - if first contact with the HPCSA use ID number as reference, if not, use the full registration number as reference and attach the deposit slip).

C. CERTIFICATE OF HEALTH

I, of (address) a registered Medical Practitioner /MP no.
certify that I have medically examined the applicant, and I declare that his/her health is such that it would not be detrimental to patients or to him-/herself to practise the profession of Genetic Counsellor.
SIGNATURE: Date: 20

D. CERTIFICATE OF CHARACTER

I, (full names): working as
(Medical Practitioner, Minister of Religion, Magistrate or other responsible person) certify that the applicant, is personally known to me and that he/she is of good character.
SIGNATURE: Date: 20

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.