

**MEDICAL AND DENTAL PROFESSIONS BOARD  
APPLICATION FOR REGISTRATION  
MEDICAL PHYSICIST**

**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: .....

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 Medical Physicist 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 hereby apply for registration.

**PH**  
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:** .....

**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 BSc honours 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). 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 PH**) 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 **R951.00PLUS** 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 HPCSA use ID number as reference, if not, use FULL current registration number as reference and attach 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 Medical Physicist.

**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** .....

\* 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.**