



Form 26MSIN

MEDICAL AND DENTAL PROFESSIONS BOARD
APPLICATION FOR REGISTRATION
INTERN MEDICAL BIOLOGICAL SCIENTIST

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

A. PERSONAL PARTICULARS

MSIN

I, (Mr, Mrs, Miss) Surname: Received on

Maiden name (if applicable): Amount

First names: Identity No.:

Postal address: Receipt No.

Postal code:

Residential address: No.

Postal code: Reg. Date

Tel (H): (W):

Cell: Fax:

Email:

* Marital Status: Divorced Married Single Gender: Male Female

* Race: Asian African Coloured White Country of origin:

holds the qualification obtained (date)

at (institution)

and hereby apply to be registered as an Intern Medical Biological Scientist, in the discipline of

Usually only one discipline, but not more than two related disciplines from among the following: Anatomical Pathology, Cell Biology, Clinical Biochemistry, Genetics, Haematology, Immunology, Microbiology, Molecular Biology, Pharmacology, Physiology, Radiation Biology, Reproductive Biology or Virology.

SIGNATURE: Date: 20

Bank Details: HPCSA Bank: ABSA Branch: Arcadia Branch code: 334945 Acc. No. 0610000169

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:

Registration Officer:

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 Notary Public and bearing the official stamp or original Form 23 MSIN, duly completed) Copies certified by a Commissioner of Oaths will not be accepted.

Signature:

2. Registration fee of R261.00. Please attach proof of payment.

Date:

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).

C. To be completed by the coordinators of the HPCSA accredited training facility for Medical Biological Scientists:

I, (full names): registered medical scientist/specialist for at least three years

HPCSA registration number MS/MP: and coordinator for the discipline:

Year of registration: will take responsibility for coordinating the supervision of the intern training, according to the accredited training program, of the abovementioned applicant for a period equivalent to two (2) years full-time.

Commencement date of training Teaching institution:

Accredited training facility: Discipline:

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.