



# MEDICAL AND DENTAL PROFESSIONS BOARD

## APPLICATION FOR REGISTRATION

### INTERN MEDICAL PHYSICIST

**Form 26 PHIN**

**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**

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: \_\_\_\_\_  
 holds the qualification \_\_\_\_\_ obtained (date) \_\_\_\_\_  
 at (institution) \_\_\_\_\_  
 and hereby apply to be registered as an Intern Medical Physicist. 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.

Received on  
 .....  
 Amount  
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 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:** \_\_\_\_\_ **20** \_\_\_\_\_

**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 <b>Notary Public</b> and bearing the official stamp or original Form 23 PHIN, duly completed) Copies certified by a Commissioner of Oaths <b><u>will not be accepted.</u></b> |
|  | 2. Registration fee of <b>R261.00</b> . 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.   |
|  | 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).  |

**Signature:**

**Date:**

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

I, (full names): \_\_\_\_\_ registered medical physicist/specialist for at least three years  
 number PH/MP \_\_\_\_\_ year of registration \_\_\_\_\_  
 will take responsibility for coordinating the supervision of the intern training of the abovementioned applicant for a period of two (2) years full-time.  
 Commencing date of training \_\_\_\_\_ Teaching institution \_\_\_\_\_  
 Accredited training facility \_\_\_\_\_

**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.**