



Form 19

APPLICATION FOR REGISTRATION OF AN ADDITIONAL QUALIFICATION IN MEDICINE, MEDICAL SCIENCE AND DENTISTRY

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 Registration Number: I, (Dr, Mr, Mrs, Miss) Surname: Maiden name (if applicable): First names: Identity No.: Postal address: Residential address: 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. No. Reg. Date

hereby apply to register the additional qualification and declare that I am the person referred to in the attached certificate or qualification referred to 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.

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

SIGNATURE: Date: 20

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

- 1. Registration fee of R261.00. A copy of the proof of payment must be attached to the application. 2. A copy of my marriage certificate (should you wish to register in your married surname). 3. My original degree/diploma certificate (a copy will only be accepted if certified by an attorney in his/her capacity as Notary Public and bearing the official stamp.) Copies certified by a Commissioner of Oaths will not be accepted. OR 4. Section C duly completed.

Registration Officer: Signature: Date:

C. TO BE COMPLETED BY THE UNIVERSITY/UNIVERSITY OF TECHNOLOGY/COLLEGE

NB: ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED

Name of University/University of Technology/College: It is hereby certified that complied with all the requirements for the Degree/Diploma/Certificate of this institution on (day) (month) (year) and that this qualification will be conferred/issued at a graduation ceremony on (day) (month) (year). I consider him/her to be a competent and fit person to practice as a

WE RECOMMEND him/her for registration SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD DATE SIGNATURE: REGISTRAR/PRINCIPAL DATE

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

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.