



Form 24 GT

PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY

APPLICATION FOR REGISTRATION MEDICAL TECHNICIAN

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: Residential address: Postal code: Tel (H): (W): Cell: Fax: Email:

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 apply for registration as a Medical Technician in the category:

and hereby make oath and declare that I am the person mentioned in the attached documents submitted by me in support of my application for registration and that all the said documents were granted to me and are my own lawful property. Further, that I have never been debarred from practicing in any country by reason of misdemeanor or professional misconduct.

I further 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.

SIGNATURE: Date: 20 SWORN BEFORE ME AT: this day of 20

SIGNATURE: COMMISSIONER OF OATHS/JUSTICE OF PEACE for the district of

GT Received on Amount Receipt No. No. Erase: IN Reg. date Qual code

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:

- 1. Copy of letter from the SMLTSA indicating that the examination was passed during 20
2. Form 25 duly completed confirming registration as student medical technician for 24 months.
3. Registration fee of R596.00 plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300. Please attach a copy of the proof of payment.
4. A copy of my identity document or birth certificate.
5. A copy of my marriage certificate (should you wish to register in your married surname).
6. A copy of my registration certificate as a student with the Health Professions Council of South Africa.

ORIGINAL OFFICIAL STAMP OF COMMISSIONER OF OATHS

Registration Officer: Signature: Date:

C. CERTIFICATE OF HEALTH

I, of (address) a registered medical practitioner, 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 if the profession of medical technician is practiced.

Date: 20 SIGNATURE:

D. CERTIFICATE OF CHARACTER

I, (full names): of address 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.

Date: 20 SIGNATURE:

* 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.