

PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY
APPLICATION FOR REGISTRATION
MEDICAL TECHNOLOGIST

Form 24 MT

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, (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: _____

Received on _____
Amount _____
Receipt No. _____
No. _____
Reg. date _____

hereby apply for registration as a Medical Technologist in the category: _____
and hereby make oath and declare that I am the person mentioned.

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.

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

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

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:

**ORIGINAL OFFICIAL STAMP
OF COMMISSIONER OF
OATHS**

- | | |
|--|---|
| | 1. 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. |
| | 2. Copy of letter from the SMLTSA indicating that the examination was passed during 20..... |
| | 3. Form 25 duly completed. |
| | 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 certificate as a student with the Health Professions Council of South Africa. |

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 to engage in the duties of his/her profession.
SIGNATURE: _____ **Date:** _____ 20 _____

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.
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.