



Form 26 MTIN

PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY

APPLICATION FOR REGISTRATION AS AN INTERN MEDICAL TECHNOLOGIST

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

HPCSA Student Number: MT-S _____

I, (Mr, Mrs, Miss) _____ Surname: _____ Amount _____

Maiden name (if applicable): _____ Receipt No. _____

First names: _____ Identity No.: _____ No. _____

Postal address: _____ Postal code: _____

Residential address: _____ Postal code: _____

Tel (H): _____ (W): _____ Reg. Date _____

Cell: _____ Fax: _____

Email: _____

* Marital Status: Divorced Married Single *Gender: Male Female

* Race: Asian African Coloured White Country of origin: _____

Hereby apply to register as an **Intern Medical Technologist** and declare that I am the person mentioned in the attached documents and that these documents were granted to me and are my own lawful property. 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** _____

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

Registration Officer: _____

Signature: _____

Date: _____

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

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

1. Registration fee of **R217.00**. Please attach proof of payment.

2. My original diploma/degree (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 Oathswill not be accepted.**

3. A letter from the supervising medical technologist, registered in the relevant category confirming that he/she is willing to act as supervisor for the intern for the duration of the internship;

4. A letter from the Laboratory Manager of the training laboratory indicating that the intern will be accommodated for the full duration of the internship as well as the exact period of the internship;

5. A copy of my identity document or birth certificate. A copy of my marriage certificate (should you wish to register in your married surname)

C. TO BE COMPLETED BY THE UNIVERSITY (IF DEGREE CERTIFICATE HAS NOT YET BEEN ISSUED)

Name of University: _____

It is hereby certified that _____ complied with all the requirements for the qualification _____ of this institution

on _____ (day) _____ (month) _____ (year) and that this qualification will be conferred/issued

at a graduation ceremony on _____ (day) _____ (month) _____ (year).

WE RECOMMEND him/her for registration

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

SIGNATURE: RECTOR/DEAN _____ **DATE** _____

SIGNATURE: REGISTRAR/PRINCIPAL _____ **DATE** _____

* 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.