Form 57 MDB

MEDICAL AND DENTAL PROFESSIONS BOARD

CERTIFICATE RELATING TO TRAINING IN SPECIALITIES & SUB-SPECIALIST
(ONLY APPLICABLE TO EDUCATION AND TRAINING OBTAINED IN SOUTH AFRICA)

MP ....

NAME OF PRACTITIONER: ....

REGISTERED QUALIFICATIONS: ....

NAME OF TEACHING HOSPITAL: ....

NAME OF TEACHING UNIVERSITY FOR REGISTRAR: ....

NB: Please indicate the pay point Hospital only (This is where the post number is allocated).

Post Held: Registrar/Medical Officer	Board approved registrar post number	Academic Department	Period spent in each Academic Department	
			From	To
A.				
B.				
C.				
D.				

Certified correct and we, the undersigned, declare that post(s) listed against .... (state which of A, B, C, etc.) Is/are accredited registrar post(s). The performance and progress of the said Registrar was satisfactory / unsatisfactory. (If unsatisfactory, please state reasons in a separate submission.)

Signed: ....
Head of Academic Department
Date: ....

Signed: ....
Medical Superintendent of teaching/ satellite hospital/department/facility
Date: ....

Signed: ....
Dean: Faculty/School of Medicine/Health Sciences of University
Date: ....

UNIVERSITY DATE STAMP

***** NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED.***

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.