

*The purpose of this document is to invite medical scientists to be part of the Evaluation Panel to assist in dual assessment on both intern medical science training facilities and the assessment of the Board-approved competency-based examination (Portfolio of Evidence).*

Please complete this application and provide additional information if it may be relevant in the selection process.

<b>Personal details</b>	
Name and Surname	
Contact number	
Email address	
Academic qualification(s) and academic discipline	
Date of obtaining degree(s)	
University from which degrees obtained from	
Affiliation (NHLS / University / DoH / Hospital / Private pathology group)	
HPCSA registration number	
Discipline registered in	
Professional category (applicable in Medical Biological Science)	
Date of first registration as Medical Scientist in this discipline (and category if applicable)	
Other HPCSA registration? If yes please provide details.	
<sup>1</sup> Involvement in medical science internship: Total number of years as part of training team Number of years as supervisor	
<sup>2</sup> Period current training program has been accredited by HPCSA	
<sup>3</sup> Number of successful candidates from current programme	

Involvement in any other academic program? If yes, please provide details	
Membership to professional Societies, if yes please provide details	
Previous involvement in a HPCSA accreditation visit? If yes, provide details.	
Previous involvement in the assessment of Portfolio of Evidence? If yes, provide details.	
Previous involvement in any HPCSA activity? If yes, provide details	
Did you complete medical science internship? If yes, please provide details.	

<sup>1,2,3</sup> This may be the accumulative number of all experience / training programs in intern medical science.

Full name of applicant: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

### Endorsement by Head of Departmental Training Program

Full name of Head of Program: \_\_\_\_\_

Signature of Head of Program: \_\_\_\_\_

Date: \_\_\_\_\_

In the case of a candidate in the *capacity building* category: Is the recommendation (max 1 page) officially signed and stamped attached? Yes / No (please select by encircling)

OFFICIAL STAMP