



FORM 12

APPLICATION FOR REGISTRATION
INTERNSHIP IN MEDICINE

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please PRINT and return the ORIGINAL FORM to:
553 Madiba Street, Arcadia, Pretoria 0083

REQUIREMENTS:

NB: The Curriculum Review Committee may require further information to enable them to arrive as a decision.	PRACTITIONER (✓)	E&T COORDINATOR (✓)
ORIGINAL APPLICATION FORM 12		
NOTARISED COPY OF DIPLOMA / DEGREE (Foreign and English translation)		
NOTARISED COPY TRANSCRIPT (Foreign and English translation)		
CERTIFIED, VALID CLEAR COPY OF PASSPORT / ID		
A CERTIFIED COPY OF THE OFFICIAL AND DETAILED CURRICULUM OF THE APPLICANT'S COURSE OF STUDY, THE SPECIFIC COURSES, THE CONTENT OF EDUCATION (THEORY) AND TRAINING (PRACTICAL/CLINICAL), AND THE DURATION AND MODE OF EXAMINATION/EVALUATION		
CERTIFICATE OF CHARACTER ISSUED BY THE TRAINING UNIVERSITY		
ECFMG REPORTS: <ul style="list-style-type: none"> • FINAL MEDICAL DIPLOMA • FINAL MEDICAL SCHOOL TRANSCRIPT • EPIC NUMBER: _____ 		
APPLICANT SIGNATURE:	_____	_____
MANAGER (Approver) SIGNATURE: _____	DATE APPROVED: _____	

DECLARATION BY APPLICANT APPLYING FOR REGISTRATION IN TERMS OF THE HEALTH PROFESSIONS ACT, 1974

I,.....hereby declare under oath as follows:

- a. I am the person referred to in the accompanying certificate(s) of qualification(s) which I submit in support of my application to be registered as an intern in the Republic of South Africa.
- b. The said qualification(s) was/were granted to me after examination and is/are my own lawful property, and entitle me as far as professional qualifications are concerned, to practise as a Medical Practitioner in the country of its/their origin, namely -
.....
- c. The course of study in professional subjects which I underwent, covered a period of academic years. The last academic years of professional study for admission to the examination for the qualification(s) in respect of which I apply for registration, were taken at (Insert name of University or Medical/Dental School).
- d. I have never been convicted in any country of any offence against the law or been debarred from practice by reason of misconduct and, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at present*.
- e. I further accept that my application may be delayed should I fail to submit all the required documentation.

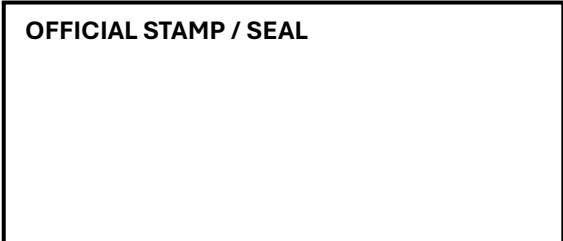
Signature

SWORN before me at thisday of
..... 20.....

Signature:

Justice of the Peace or Commissioner of Oaths

District of.....



I, the undersigned**
of hereby declare under oath:

I personally know
whose signature appears above. To the best of my knowledge and belief, the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as an intern.

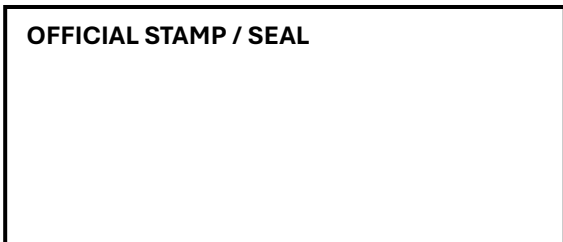
Signature:..... Profession or calling

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Profession or calling

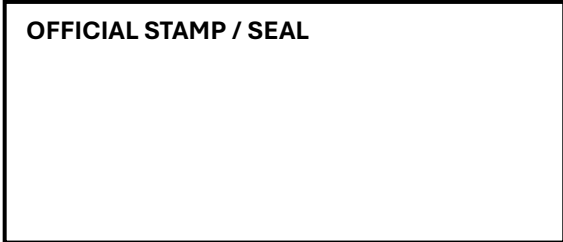
SWORN before me at this.....day of

..... 20.....

Signature:

Justice of the Peace or Commissioner of Oaths

District of



* *If the applicant is unable to make the declaration above, the Council, in order to consider the application, will require full particulars of the reasons for his or her inability.*

** *The signatories should preferably be Medical Practitioners.*