

APPLICATION FOR REGISTRATION MEDICAL AND DENTAL PROFESSIONS BOARD DENTIST IN THE CATEGORY COMMUNITY SERVICE

Form 14 A

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please PRINT and return the ORIGINAL FORM to: The Registrar, PO Box 205, Pretoria 0001 553 Vermeulen Street, Arcadia. Pretoria 0083

	333 Verifiedien Street, Arcadia, Frei	.011a 0003
A. PERSONAL PARTICULARS		
HPCSA Registration Number:		
I, (Prof, Dr)	urname:	
Maiden name (if applicable):		
First names: Identity No.:		
Postal address:		antal andar
Residential address:		
Poetal codo:		
Tel (H):		
Colle	Eov:	
Email:		
* Marital Status: Divorced Married	Single Gender:	Male Female
* Race: Asian African Coloured	White Country of origin:	
hereby apply to register as a dentist in the category community service.		
nereby apply to register as a definist in the category community service.		
SIGNATURE:	Date:	20
B. The following is submitted in support of my application:		
Registration fee: R3629.00 Annual Fee: R3178.00 applicable from the period 1 April 2024 to 31 March 2025. Banking		
details as on the website (Registration number as deposit reference) Please attach proof of payment		
2. A copy of my identity document or birth certificate.		
3. A copy of my marriage certificate (should you wish to register in your married surname).		
4. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health.		
5. A certified copy of a letter of appointment to perform Community Service at an approved institution, issued by the Department of Health.		
6. A copy of my registration certificate as a student with the Health Professions Council of South Africa.		
C. TO BE COMPLETED BY THE UNIVERSITY		
Name of University:	•	
It is hereby certified that		complied with all the requirements for the
Degree		of this University
		this qualification will be conferred/issued
at a graduation ceremony on (day)	(month)	(year).
WE RECOMMEND him/her for registration as a den	tist	ORIGINAL OFFICIAL DATE STAMP OF
g .		INSTITUTION
SIGNATURE: RECTOR/DEAN/OPERATIONAL HE	AD 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