

**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 or 553 Madiba Street, Arcadia, Pretoria 0083 by registered mail or courier for ease of tracking mail.

**A. PERSONAL PARTICULARS**

HPCSA Intern Registration Number: .....

I, (Dr, Mr, Mrs, Miss), Surname: .....

Maiden name (if applicable): .....

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

Postal address: ..... Postal code: .....

Residential address: ..... Postal code: .....

Tel (H): ..... (W): .....

Cell: ..... Fax: .....

Email: .....

\*Marital Status:  Married  Single  Divorced Gender  M  F

\* Race:  African  Asian  Coloured  Indian  White Country of Origin: .....

Hereby make oath and declare that I am the person referred to in the attached documents submitted by me in support of my application as a Medical Biological Scientist and that all the said documents were granted to me and are my lawful property. Further, I have never been convicted of any criminal offence or been debarred from practising my profession in any country by reason of a criminal offence or unprofessional conduct and 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.

I hold the qualification: ..... obtained on .....  
At (University) ..... and have successfully completed my internship at  
(Institution) .....  
and hereby apply for registration as a Medical Biological Scientist in the discipline: .....

Usually only one discipline, but not more than two related disciplines from among the following: Anatomical Pathology, Cell Biology, Clinical Biochemistry, Genetics, Haematology, Immunology, Microbiology, Molecular Biology, Pharmacology, Physiology, Radiation Biology, Reproductive Biology or Virology.

**SIGNATURE:** ..... **Date:**.....  
**SWORN BEFORE ME AT:** ..... **This** ..... **day of**.....**20**.....  
**SIGNATURE:** .....

**ORIGINAL OFFICIAL STAMP OF  
COMMISSIONER OF OATHS**

**COMMISSIONER OF OATHS/JUSTICE OF PEACE for the district of:** .....

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

- |  |  |
|--|--|
|  | 1. My original BSc honours degree certificate or equivalent thereof (a copy will only be accepted if certified by an attorney in his/her capacity as <b>NOTARY PUBLIC</b> and bearing the official stamp). Copies certified by a Commissioner of Oaths <b>will not be accepted</b> . |
|  | 2. My curriculum vitae (only if not registered as an intern).  |
|  | 3. Documentary proof of at least two years' internship training in an HPCSA accredited training facility (Form 36 MS) and successful completion of Board approved assessment.  |
|  | 4. A copy of my identity document or birth certificate (for first time registration).  |
|  | 5. A copy of my marriage certificate (should you wish to be register in your married surname).   |
|  | 6. A copy of my registration certificate as an intern with the HPCSA.  |
|  | 7. Registration fee: <b>R1990.00</b> Annual Fee: <b>R1826.00</b> applicable from the period <b>1 April 2024 to 31 March 2025</b> . Banking details as on the website ( <b>Registration number as deposit reference</b> ) <b>Please attach proof of payment</b>                       |
|  | 8. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health  |

**NO ALTERATIONS TO THIS SECTION WILL BE ACCEPTED**

**C. CERTIFICATE OF HEALTH**

I, ..... of (address) .....

A Medical Practitioner with Reg. No. MP..... certify that I have medically examined..... the applicant, and I declare that his/her health is such that it would not be detrimental to patients or to him/herself to practice the profession of Medical Biologist Scientist.

**SIGNATURE:**..... **DATE:**.....**20**.....

**D. CERTIFICATE OF CHARACTER**

I, (full Names):..... working as (**Medical Practitioner, Minister of Religion, Magistrate or other responsible person**) certify that the applicant, is personally known to me and that he/she is of good character.

**SIGNATURE:**..... **DATE:**.....**20**.....

**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.**