

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 Physicist 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 hereby apply for registration.

SIGNATURE: **Date:**.....

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

SIGNATURE:

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

ORIGINAL OFFICIAL STAMP OF
COMMISSIONER OF OATHS

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 NOTARY PUBLIC and bearing the official stamp). Copies certified by a Commissioner of Oaths will not be accepted. |
| | 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 GC) 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: R1990.00 Annual Fee: R1826.00 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 |
| | 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 Physicist.

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**.....

***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 your personal file to other parties.