



**Form 11 B**

**APPLICATION FOR REGISTRATION  
MEDICAL AND DENTAL PROFESSIONS BOARD  
INDEPENDENT PRACTICE (GENERAL PRACTITIONER)**

**NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION**

Please **PRINT** and return the **ORIGINAL FORM** to:

**The Registrar, Medical and Dental Professions Board, PO Box 205, Pretoria 0001  
553 Vermeulen Street, Arcadia, Pretoria 0083**

**A. PERSONAL PARTICULARS**

HPCSA Registration Number: \_\_\_\_\_

I, (Prof, Dr) \_\_\_\_\_ 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:  Divorced  Married  Single Gender:  Male  Female

\* Race:  Asian  African  Coloured  White Country of origin: \_\_\_\_\_

hereby apply for registration as a Medical Practitioner in the category Independent Practice (General Practitioner) after having completed my community service in terms of Section 24A of the Health Professions Act, 1974 (Act No. 56 of 1974) and attach the relevant documents hereto.

**Hospital** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **20** \_\_\_\_\_

- B. 1.** In support of my application I attach hereto **Form 27 Comm Serv Completed** or a letter signed by the Medical Superintendent of the hospital concerned indicating the **beginning and end dates** of my completed community service. (Only applicable to candidates who obtained a basic qualification in South Africa.)
- 2.** Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health.

\* 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.**