



Form 24 GC

MEDICAL AND DENTAL PROFESSIONS BOARD
APPLICATION FOR REGISTRATION
GENETIC COUNSELLOR

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 Genetic Counsellor and that all the said documents were granted to me and are my lawful property.

I hold the qualification: obtained on

At (University) And have successfully completed my internship at

(University) And hereby apply for registration as a Genetic Counsellor.

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 masters degree certificate or equivalent thereof...
2. My curriculum vitae...
3. Documentary proof of at least two years' internship training...
4. A copy of my identity document or birth certificate...
5. A copy of my marriage certificate...
6. A copy of my registration certificate as an intern with the HPCSA.
7. Registration fee: R1951.00 Annual Fee: R1790.00 applicable from the period 1 April 2023 to 31 March 2024.
8. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme...

(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 Genetic Counsellor.

SIGNATURE: DATE: 20

(NO ALTERATIONS TO THIS SECTION WILL BE ACCEPTED)

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.

Updated/MM/ applicable from the period 1 April 2023 to 31 March 2024