



Form 24 PH

MEDICAL AND DENTAL PROFESSIONS BOARD
APPLICATION FOR REGISTRATION
MEDICAL PHYSICIST

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: Thisday 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: R1951.00 Annual Fee: R1790.00 applicable from the period 1 April 2023 to 31 March 2024. 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.