

MEDICAL AND DENTAL PROFESSIONS BOARD

CERTIFICATE RELATING TO TRAINING IN SPECIALITIES INCLUDING COMPLETION OF RESEARCH COMPONENT (ONLY APPLICABLE TO EDUCATION AND TRAINING OBTAINED IN SOUTH AFRICA)

Form 57 MED

NAME OF PRACTITIONER:

MP

NAME OF HOSPITAL:	

NAME OF UNIVERSITY:

COMPLETION OF REGISTRAR TRAINING TIME AND RESEARCH COMPONENT (RESEARCH COMPONENT OUTPUT)

Post held as Registrar	Board approved registrar post number	Academic Department	Period spent in each Academic Department	
	•		From	То
Α.				
В.				
С.				

We the undersigned certify that the candidate has submitted a research component that complies with the HPCSA requirements and this has been signed off by the research supervisor(s). This research component has not contributed towards obtaining any other degree, including, but not limited to another MMed or MPhil degree.

All academic requirements adhered too.

Minimum requirements for Research Component: The rotation was confirmed in the Institution. All requirements are achieved for registration.

- Basic Research methodology component.
- Relevant Protocol finalized.
- Discipline specific research assignment submitted for external assessment with pass as an outcome and/or published in accredited journal.

Signed: Head of Academic Department	Signed: Supervisor/s of research project	Signed: Medical Superintendent of teaching/ satellite hospital/department/facility	Signed: Dean: Faculty of Health Sciences /School of Medicine of University
Date:	Date:	Date:	Date:
STAMP OF ACADEMIC DEPARTMENT		STAMP OF INSTITUTION	UNIVERSITY DATE STAMP

NB: Please take note that the Council, in the normal course of its' duties, reserve the right to divulge information in your personal file to other parties. A non-compliant application will be rejected and be sent back. NO ALTERATION / CORRECTION TO THIS DOCUMENT WILL BE ACCEPTED. Updated: 21-02-2018