

**APPLICATION FOR REGISTRATION OF AN  
ADDITIONAL QUALIFICATION/CATEGORY**

**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 **by registered mail or courier for ease of tracking mail.**  
553 Madiba Street, Arcadia, Pretoria 0083

**A. PERSONAL PARTICULARS**

HPCSA 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: .....

I am currently register in the discipline .....

I hereby apply to register the additional discipline... ..

Cardiology

Cardiovascular Perfusion

Critical Care

Nephrology

Neurophysiology

Pulmonology

Reproductive Biology

I declare that I am the person referred to in section C.

I also declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country and that, 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.

**SIGNATURE:** ..... **Date:** .....20

**B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:**

- |  |  |
|--|--|
|  | 1. Registration fee of <b>R339.00 applicable from 1 April 2024 to 31 March 2025.</b> Banking details as on the website ( <b>Registration number as deposit reference</b> ) |
|  | 2. A copy of my marriage certificate (should you wish to register in your married surname).  |
|  | 3. My commissioned Academic Transcript for the additional discipline <b>and</b>  |
|  | 4. Section C duly completed.   |

**ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED**

**C. TO BE COMPLETED BY THE UNIVERSITY OF TECHNOLOGY**

Name of University of Technology: .....

It is hereby certified that ..... complied with all the requirements for the

Additional discipline of: ..... of this institution

on ..... (day) ..... (month) ..... (year)

I consider him/her to be a competent and fit person to practice as a Clinical Technologist in the additional discipline of.....

WE RECOMMEND him/her for registration

**ORIGINAL OFFICIAL DATE STAMP OF  
INSTITUTION**

**SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD**

**DATE**

**SIGNATURE: REGISTRAR/PRINCIPAL**

**DATE**

\* 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.**