



PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY
APPLICATION FOR REGISTRATION AS AN INTERN MEDICAL TECHNOLOGIST

Form 26 MTIN

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please PRINT and return the ORIGINAL FORM to:
The Registrar, PO Box 205, Pretoria 0001
553 Vermeulen Street, Arcadia, Pretoria 0083

A. PERSONAL PARTICULARS

HPCSA Student Number: MT-S

I, (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: Divorced Married Single *Gender: Male Female

* Race: Asian African Coloured White Country of origin:

Hereby apply to register as an Intern Medical Technologist and declare that I am the person mentioned in the attached documents and that these documents were granted to me and are my own lawful property.

SIGNATURE: Date: 20

B. The following is submitted in support of my application:

- 1. Registration fee: R332.00 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.
2. A letter from the supervising medical technologist, registered in the relevant category t he/she is willing to act as supervisor for the intern for the duration of the internship;
3. A letter from the Laboratory manager of the training laboratory indicating that the intern will be accommodated for the full duration of the internship as well as the exact period of the internship;

C. TO BE COMPLETED BY THE UNIVERSITY (IF DEGREE CERTIFICATE HAS NOT YET BEEN ISSUED)

Name of Unlversity:
It is hereby certified that complied with all the requirements for the qualification of this institution on (day) (month) (year) and that this qualification will be conferred/issued at a graduation ceremony on (day) (month) (year).

Table with 2 columns: WE RECOMMEND him/her for registration and ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION. Rows include SIGNATURE: RECTOR/DEAN DATE and 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.