



THE PROFESSIONAL BOARD FOR PSYCHOLOGY
INTERN DUTY CERTIFICATE – PSYCHOLOGISTS

Form 27 PSY

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please PRINT and return the ORIGINAL FORM to:
The Registrar, The Professional Board for Psychology, PO Box 205, Pretoria 0001
553 Madiba, Arcadia, Pretoria 0083

DECLARATION

HPCSA Registration Number:
It is hereby certified that (Dr, Mr/Mrs/Miss*): Surname:
First names:
Dates of commencement and completion of internship (12 months): 20 to 20
And from: 20 to 20
as an intern psychologist in the category:
That he/she underwent the training as set out in the criteria for the training of intern psychologists, and that his/her service was satisfactory.**

Name of intern training institution:
Full postal address: Code:
Telephone No.: Fax:
Cellular: Email:

1. SIGNATURE: Head of the Department/Supervising Psychologist or Official Deputy Name: Please print
Date: 20

2. SIGNATURE: Administrative Head of the Institution or Official Deputy Name: Please print
Date: 20

3. SIGNATURE: Head of the Department of Psychology of the Supervising University or Official Deputy Name: Please print
Date: 20

* Delete where not applicable.
** If the intern's service is not satisfactory, a detailed explanation, setting out the reasons, should be submitted. This explanation must be signed by persons 1, 2 and 3.

Note: After completion of a second internship a candidate registered as a psychologist with the Board and wishing to register in an additional category has to submit this duly completed form.

Note: Registration fees are adjusted annually.

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.