



PROFESSIONAL BOARD FOR DENTAL ASSISTING, DENTAL THERAPY AND ORAL
HYGIENE APPLICATION TO WRITE THE EXAMINATION FOR DENTAL ASSISTANTS

Please use block
return
to:

The Registrar, P O Box 205, Pretoria, 0001, 553 Vermeulen Street, Arcadia, Pretoria letters and

E-mail: DOHexams@hpcsa.co.za

NB: THIS FORM HAS TO BE DULY COMPLETED BY THE CANDIDATE

A. PERSONAL PARTICULARS

I, (Mr, Mrs, Miss) Surname.....

Registration Number: DA.....

Maiden Name (if applicable)

First Names:Identity No.....

Postal Address:

..... Post Code:

Residential Address:

.....Post Code:

PROVINCE.....

Tel (H): (W):

Cell: Fax:

Email:

I hereby apply to write the examination for Dental Assistants on20.....

PROOF OF PAYMENT OF THE EXAMINATION FEE OF R 710,00 (Seven hundred and Ten Rands) IS ATTACHED HERETO

SIGNATURE.....Date20