



**APPLICATION FOR INCREASE IN THE NUMBER OF INTERN MEDICAL SCIENTIST POSTS**

**MEDICAL AND DENTAL PROFESSIONS BOARD:**

**MEDICAL SCIENCE**

**CMS G**

*Kindly submit the following documentation when applying for increasing in the number of intern medical scientists:*

- *Abbreviated CV's of training staff*
- *Motivation for application to increase the number of intern candidates*

**PLEASE INDICATE DISCIPLINE**

<b>Medical Biological Science</b>	
<b>Professional Category</b>	
<b>Genetic Counselling</b>	
<b>Medical Physics</b>	

**1. LIST KEY STAFF RESPONSIBLE FOR INTERN TRAINING**

Title and Name	Highest Academic Qualification	HPCSA Registration number	Category of HPCSA registration	Experience in Internship Training (years)	Abbreviated CV's provided Yes/No

*CV to include: Academic qualifications, teaching experience, research and publications, membership to professional societies, diagnostic/therapeutic/clinical experience*

**2. PLEASE INDICATE NUMBER OF SUPERVISORS OF INTERN CANDIDATES**

Title and Name	Highest Academic Qualification and Academic discipline	Category of Registration	First date of Registration in this Category	Experience in Internship Training (years)	Number of Interns Currently Registered for Training	Involvement in the assessment of Portfolio of Evidence  If yes, indicate number of candidates	
						Assessor	Moderator

**3. LIST CURRENT INTERNS IN TRAINING PROGRAM**

	HPCSA Post Number	Name of Intern Candidate	Intern Number	Category of Registration	Date of Commencement of Internship	Proposed Date of Completion	Comments
1							
2							
3							

**4. MOTIVATION FOR REQUEST TO INCREASE NUMBER OF INTERN CANDIDATES**

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**APPROVED:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

OFFICIAL STAMP

Date: \_\_\_\_\_

**Head of Training Department**