



Health Professions Council of South Africa

Application for the National Board Assessment of Competence for Medical Scientists

HPCSA Intern Registration No:

Surname:

First Name(s):

ID no:

CONTACT DETAILS:

Tel:

Postal Address:
.....

E-mail:

Medical Scientist Biological Medical Physicist Genetic Counsellor

Professional Categories of Registration (Medical Biological Scientist only - choose from attached list):

.....

HPCSA Accredited Training Facility:

Commencement date of Internship:Completion date:

Supervisor: Name:HPCSA Registration:.....

Contact details of supervisor: Tel: E-mail:

Application for 20--- portfolio assessment:

All Interns registered from January-June 2008 (portfolio obligatory) as well as interns registered before January 2008 (portfolio optional), tick appropriate date on which you wish to submit your documents:

Assessment dates: Jan 20--- May 20--- Sep 20---

Portfolio to be submitted Yes No

Assessment Fee:

Signatures:

Intern: Date:

Supervisor: Date:

Head of : Date:

Department
Committee for Medical Science (2016/09/26)