APPLICATION TO WRITE THE NATIONAL BOARD EXAMINATION
PROFESSIONAL BOARD FOR PSYCHOLOGY
PSYCHOMETRIST

Please use block letters and e-mail to psychexams@hpcsa.co.za

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

A. PERSONAL PARTICULARS

(Dr, Mr, Mrs, Miss) …….. Surname: ...............................................................................................................
Maiden Name (if applicable): .............................................................................................................................
Registration number: PMTS .............................................................................................................................
First Names: .................................................................. Identity No. ..................................................................
Postal Address: ..............................................................................................................................................
........................................................................................................................................................................
Post Code: .........................................................................................................................................................
Tel (H): ..............................................................................................................................................................
(W): .................................................................................................................................................................
Cell: .................................................................................................................................................................
Alternative number .............................................................................................................................................

Email: ..............................................................................................................................................................
Marital Status: Divorced Married Single Gender: Male Female


Exam attempts 1st 2nd 3rd 4th 5th 6th

SIGNATURE............................................................................................................................................Date .................................................................20 ....

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

☐ 1. a copy of the 4 year bachelor in psychology degree certificate (B. Psych or equivalent degree) certified by a Notary Public and bearing the official stamp. Copies certified by a Commissioner of Oaths will not be accepted.
☐ 2. Proof of payment of the examination fee of R1 570.00
NB: YOUR APPLICATION FOR THE EXAMINATION WILL NOT BE PROCESSED WITHOUT PROOF OF PAYMENT OF THE EXAMINATION FEE
☐ 3. A recently certified copy of my identity document or birth certificate;
☐ 4. A certified copy of my marriage certificate (should you wish to register in your married surname)

C. TO BE COMPLETED BY THE UNIVERSITY

NAME OF UNIVERSITY ........................................................................................................................................
it is hereby certified that .................................................................................................................................... complied with all the requirements for the degree .................................................................................... Of this institution on .........................................................
and that this qualification will be conferred/issued at a graduation ceremony on ..................................................
Successfully completed 6 months practicum from .............. to ..................................................................................

We confirm that ............................................................................................................................................ is qualified to enter for the National Board examination for Psychometrist

SIGNATURE: Head: Department of Psychology DATE:

SIGNATURE: REGISTRAR DATE:

OFFICIAL DATE STAMP OF INSTITUTION

Bank details:
HPCSA
Absa Bank, Arcadia, Pretoria
Branch code: 33049-45
Account number: 061 00 00 169

Updated: June 2021