APPLICATION TO WRITE THE NATIONAL BOARD EXAMINATION
PROFESSIONAL BOARD FOR PSYCHOLOGY
REGISTERED COUNSELLOR

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: SRC………………………………………………………………………………………………………
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 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 Registered Counsellor

SIGNATURE: Head: Department of Psychology  DATE:

SIGNATURE: REGISTRAR  DATE:

OFFICIAL DATE STAMP OF INSTITUTION

Updated: February 2021