



FORM:142A

APPLICATION TO WRITE THE EEG TECHNICIAN BOARD EXAM

PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY

Please use block letters and return to: The Registrar, PO Box 205, Pretoria
553 Madiba Street, Arcadia, Pretoria
E-mail: RCTExams@hpcsa.co.za / MatshidisoM@hpcsa.co.za

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

SECTION A. PERSONAL PARTICULARS

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

Registration Number: EEG-S

Maiden Name (if applicable)
.....

First NameIdentity No:
.....

Postal Address:
.....

Post Code:

Residential Address:
.....

.Postal Code:

Province:

Tel (H):

(W):

Cell:

Email:

I hereby apply to write the scheduled examination for EEG Technicians on

..... 20.....

This will be my **First / Second & Final attempt**

If Second or Final Attempt provide dates of previous attempts

First Attempt: Second Attempt:

SIGNATURE: DATE:

SECTION B: TEACHING & PRACTICAL TRAINING

Please provide details of teaching and/or training that you have obtained in your workplace.

Did you receive any type of training in EEG (Yes/No)	
If "Yes" state the type of training – e.g. in-house, workshop, short course, etc.	
How long was the training you received - days/weeks/months?	
State the dates of the training	
Who provided the training (provide details)?	
Name of training institution/facility	
Contact person	
Contact telephone number	

PRACTICAL TRAINING & EMPLOYMENT

Please provide details of your current employment.

Current place of employment:

.....

Does your supervisor work at your current employment (Yes/No):

.....

If (No) please provide the physical address of your Supervisor:

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.....

Full name of Supervisor:

Contact details of Supervisor:

Supervisor: (W): (Cell):

HPCSA Registration number of Supervisor:

.....

Qualification of the Supervisor:

Occupation/Designation of the Supervisor:

How long have you (the applicant) been employed? (years /months):

SECTION C: SUPPORTING DOCUMENTATION

1. Proof of payment of board examination fee

Banking details are as follows:

Bank: ABSA
Branch: Arcadia
Branch Code: 33 49 45
Account number: 061 00 00 169 (Other monies)
Swift Code: **ABSAZAJJ** (International Payments)
Kindly use your HPCSA registration number as reference:

3. A Certified Copy of Identity document or birth certificate.

4. A declaration letter from my supervisor confirming work employment and areas of practice.

DECLARATION

I (full name, hereby swear and declare that I am the person mentioned in the attached documents submitted by me in support of my application for the EEG Technician Board Examination, and that all the said documents were granted to me and are my own lawful property. Further, I declare that I have never been convicted of any criminal offence or been excluded or barred from practicing in any country by reason of misdemeanour or professional misconduct, and that, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present.

SIGNATURE: (Applicant)

Date: Signed on this **day of** **20**.....

SWORN BEFORE ME: (Name)
.....

At, **on this** **day Of** **20**

SIGNATURE:

COMMISSIONER OF OATHS/JUSTICE OF PEACE for the district of
.....

**ORIGINAL STAMP
OF COMMISSIONER OF OATHS**



