



Form 11 B

APPLICATION FOR REGISTRATION
MEDICAL AND DENTAL PROFESSIONS BOARD
INDEPENDENT PRACTICE (GENERAL PRACTITIONER)

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please PRINT and return the ORIGINAL FORM to:
The Registrar, Medical and Dental Professions Board, PO Box 205, Pretoria 0001
553 Vermeulen Street, Arcadia, Pretoria 0083

A. PERSONAL PARTICULARS

HPCSA Registration Number: \_\_\_\_\_

I, (Prof, Dr) \_\_\_\_\_ Surname: \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_

First names: \_\_\_\_\_ Identity No.: \_\_\_\_\_

Postal address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Residential address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Tel (H): \_\_\_\_\_ (W): \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\* Marital Status: [Divorced] [Married] [Single] Gender: [Male] [Female]

\* Race: [Asian] [African] [Coloured] [White] Country of origin: \_\_\_\_\_

hereby apply for registration as a Medical Practitioner in the category Independent Practice (General Practitioner) after having completed my community service in terms of Section 24A of the Health Professions Act, 1974 (Act No. 56 of 1974) and attach the relevant documents hereto.

Hospital \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ 20 \_\_\_\_\_

- B. 1. In support of my application I attach hereto Form 27 Comm Serv Completed or a letter signed by the Medical Superintendent of the hospital concerned indicating the beginning and end dates of my completed community service. (Only applicable to candidates who obtained a basic qualification in South Africa.)
2. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health.

\* Please complete for statistical purposes.

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.