



PROFESSIONAL BOARD OPTOMETRY AND DISPENSING OPTICIANS

Form 23 ODO

APPLICATION FOR REGISTRATION

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PRINT and return the ORIGINAL FORM to:

The Registrar, PO Box 205, Pretoria 0001 **by registered mail for ease of tracking mail.**
553 Madiba Street, Arcadia, Pretoria 0083

A. PERSONAL PARTICULARS

HPCSA Registration Number: _____

I, (Dr, Mr, Mrs, Miss) _____ 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 to register as an **Optometrist with diagnostic privileges** and declare that I am the person referred to in the certificate below. I also declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country 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 at present.

SIGNATURE: _____ **Date:** _____ **20** _____

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

- | | |
|--|---|
| | 1. Registration fee: R790.00 Annual Fee: R2470.00 applicable from the period 1 April 2021 to 31 March 2022 . Banking details on the website (Registration number as deposit reference) Please attach proof of payment. |
| | 2. A copy of my identity document or birth certificate. |
| | 3. A copy of my marriage certificate (should you wish to register in your married surname). |
| | 4. A copy of my registration certificate as a student with the Health Professions Council of South Africa. |

**** NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED.**

C. TO BE COMPLETED BY THE UNIVERSITY/UNIVERSITY OF TECHNOLOGY/COLLEGE

Name of the University/University of Technology/College: _____

It is hereby certified that _____ complied with all the requirements for the Degree/Diploma/Certificate _____ **with diagnostic privileges** of this institution on _____ (day) _____ (month) _____ (year) and that this qualification will be conferred/issued at a graduation ceremony on _____ (day) _____ (month) _____ (year).

WE RECOMMEND him/her for registration

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD

DATE

SIGNATURE: REGISTRAR/REGISTRAR

DATE

* 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.