

**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 or 553 Madiba Street, Arcadia, Pretoria 0083 **by registered mail or courier for ease of tracking mail.**

**A. PERSONAL PARTICULARS**

HPCSA Intern 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:  Married  Single  Divorced Gender  M  F

\* Race:  African  Asian  Coloured  Indian  White

Country of Origin: .....

Hereby make oath and declare that I am the person referred to in the attached documents submitted by me in support of my application as a Medical Physicist and that all the said documents were granted to me and are my lawful property. Further, I have never been convicted of any criminal offence or been debarred from practising my profession in any country by reason of a criminal offence or unprofessional conduct and 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.

I hold the qualification: ..... obtained on .....

At (University) ..... and hereby apply for registration.

**SIGNATURE:** ..... **Date:**.....

**SWORN BEFORE ME AT:** ..... **This** ..... **day of**..... **20**.....

**SIGNATURE:** .....

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

ORIGINAL OFFICIAL STAMP OF  
COMMISSIONER OF OATHS

**B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:**

- |  |   |
|--|---|
|  | 1. My original BSC honours degree certificate or equivalent thereof (a copy will only be accepted if certified by an attorney in his/her capacity as <b>NOTARY PUBLIC</b> and bearing the official stamp). Copies certified by a Commissioner of Oaths <b>will not be accepted.</b> |
|  | 2. My curriculum vitae (only if not registered as an intern).   |
|  | 3. Documentary proof of at least two years' internship training in an HPCSA accredited training facility (Form 36 GC) and successful completion of Board approved assessment.   |
|  | 4. A copy of my identity document or birth certificate (for first time registration).   |
|  | 5. A copy of my marriage certificate (should you wish to be register in your married surname).  |
|  | 6. A copy of my registration certificate as an intern with the HPCSA.   |
|  | 7. Registration fee: <b>R2046.00</b> Annual Fee: <b>R1876.00</b> applicable from the period <b>1 April 2022 to 31 March 2023</b> . Banking details as on the website ( <b>Registration number as deposit reference</b> ) <b>Please attach proof of payment</b>                      |
|  | 8. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health   |

**NO ALTERATIONS TO THIS SECTION WILL BE ACCEPTED**

**C. CERTIFICATE OF HEALTH**

I, ..... of (address) ..... a Medical Practitioner with Reg. No. MP..... certify that I have medically examined..... the applicant, and I declare that his/her health is such that it would not be detrimental to patients or to him/herself to practice the profession of Medical Physicist.

**SIGNATURE:**..... **DATE:**.....**20**.....

**D. CERTIFICATE OF CHARACTER**

I, (full Names):..... working as (Medical..... Practitioner, Minister of Religion, Magistrate or other responsible person) certify that the ..... Applicant, is personally known to me and that he/she is of good character.

**SIGNATURE:**.....**DATE:**.....**20**.....

**\*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.**