



MEDICAL AND DENTAL PROFESSIONS BOARD
APPLICATION FOR REGISTRATION
CERTIFICATE OF MEDICAL BIOLOGICAL SCIENTIST
INTERN TRAINING

Form 36 MS

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

MSIN:
 Date of commencement of internship:

A. ISSUED BY

Name of training institution:

Full postal address: Code:

Telephone No. (of Supervisor): Fax:

Cellular: Email:

B. DECLARATION

I, Registration Number MS/MP:

Registration date: Category of registration:

Speciality: the undersigned, do hereby certify that
 (name of person applying for registration):

has worked at the (name of institution):

in the department of

in a full-time capacity as a (position held)

from: to:

or part-time capacity as a (position held)

from: to:

(Two years part-time is equivalent to one year full-time and one year has to be full-time).

I consider him/her to be a competent and fit person to practice as a medical biological scientist in the category:

1
SIGNATURE: Supervising Medical Biological Scientist/Medical Specialist **Name: Please print**
 Post Held:
 Date: 20

2
SIGNATURE: Head of the Training Facility **Name: Please print**
 Date: 20

3
SIGNATURE: Head of Department of the Collaborating University (Only applicable to non-university based training facility) **Name: Please print**
 Date: 20

Return the duly completed form together with Form 24 MS to the above address.

***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.