



PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY
APPLICATION FOR REGISTRATION AS AN INTERN MEDICAL TECHNOLOGIST

Form 26 MTIN

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

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

A. PERSONAL PARTICULARS

HPCSA Student Number: MT-S _____

I, (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 Intern Medical Technologist and declare that I am the person mentioned in the attached documents and that these documents were granted to me and are my own lawful property.

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

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

- | | |
|--|---|
| | 1. Registration fee: R325.00 applicable from the period 1 April 2022 to 31 March 2023. Banking details as on the website (Registration number as deposit reference) <u>Please attach proof of payment.</u> |
| | 2. A letter from the supervising medical technologist, registered in the relevant category that he/she is willing to act as supervisor for the intern for the duration of the internship; |
| | 3. A letter from the Laboratory manager of the training laboratory indicating that the intern will be accommodated for the full duration of the internship as well as the exact period of the internship; |

C. TO BE COMPLETED BY THE UNIVERSITY (IF DEGREE CERTIFICATE HAS NOT YET BEEN ISSUED)

Name of University: _____

It is hereby certified that _____ complied with all the requirements for the qualification _____ 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

SIGNATURE: RECTOR/DEAN **DATE**

SIGNATURE: REGISTRAR/PRINCIPAL **DATE**

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

* 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.