



PROFESSIONAL BOARD FOR PSYCHOLOGY

APPLICATION FOR REGISTRATION

PSYCHOMETRIST

Form 24 PMT

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

A. PERSONAL PARTICULARS

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: _____

APPLICABLE QUALIFICATIONS (to be completed by applicant):

Name of degree	University where degree was obtained	Year obtained

hereby apply for registration as a Psychometrist in the category

I 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 in any country at present.

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

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

1. An original academic record issued by the University where my degree was obtained (a copy will only be accepted if certified by an attorney in his/her capacity as **Notary Public** and bearing the official stamp.) Copies certified by a Commissioner of Oaths **will not be accepted.**
2. Original honours or B.Psych degree certificate or a copy certified by an attorney in his/her capacity as **Notary Public** and bearing the official stamp.
3. Registration fee: **R1074.00** Annual Fee: **R1262.00** applicable from the period **1 April 2022 to 31 March 2023.** Banking details as on the website (**Registration number as deposit reference**) **Please attach proof of payment**
4. A copy of my identity document or birth certificate.
5. A copy of my marriage certificate (should you wish to register in your married surname).
6. A letter from HPCSA confirming that I passed the Board Examination.

* 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.