



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY

MT- IN
 MT-S
 GT-S
 LA -S

Form 25

INTERN DUTY CERTIFICATE

Please PRINT and return the ORIGINAL FORM duly completed together with Form 24 MT or Form 24 GT or Form 24 LA to:
 The Registrar, Health Professions Council of South Africa, PO Box 205, Pretoria 0001
 553 Madiba Street, Arcadia, Pretoria 0083

NAME OF LABORATORY:

POSTAL ADDRESS OF LABORATORY

Code and Tel No.:

NAME OF HEAD OF LABORATORY:
DR/MR/MRS/MISS

It is hereby certified that Mr/Mrs/Miss
 has successfully completed training for the periods specified as Intern Medical Technologist / Student Medical Technologist / Student Medical Technician / Student Laboratory
 Assistant in the categories/departments indicated, that he/she fulfilled the prescribed requirements satisfactorily, that we recommend him/her for registration and that this
 institution is accredited for training in the specified categories. If the intern's service is not satisfactory, a detailed explanation, setting out the reasons, should be submitted.

CATEGORY/DEPARTMENT	PERIOD		NUMBER OF MONTHS	SIGNATURE OF HEAD OF LABORATORY OR DEPUTY	SIGNATURE OF CHIEF MEDICAL TECHNOLOGIST OR DEPUTY
	From Day / Month / Year	To Day / Month / Year			
	<i>dd / mm / year</i>	<i>dd / mm / year</i>			
	<i>dd / mm / year</i>	<i>dd / mm / year</i>			
	<i>dd / mm / year</i>	<i>dd / mm / year</i>			
	<i>dd / mm / year</i>	<i>dd / mm / year</i>			
		Total:			

OFFICIAL DATE STAMP OF LABORATORY

NOTE: After completion of a second internship a candidate registered as a Medical Technologist with the Board and wishing to register in an additional category has to submit this duly completed form together with the registration fee. **NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED.**

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.