



Form 23 EMB

PROFESSIONAL BOARD FOR EMERGENCY CARE PRACTITIONERS

APPLICATION FOR REGISTRATION

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PRINT and return the ORIGINAL FORM to: by registered mail for ease of tracking mail OR per courier
The Registrar, PO Box 205, Pretoria 0001
553 Madiba Street, Arcadia, Pretoria 0083

FOR OFFICE USE ONLY

A. PERSONAL PARTICULARS

HPCSA Registration Number:
I, (Dr, Mr, Mrs, Miss) Surname:
Maiden name (if applicable): Updated/PP/01-2017
First names: Identity No.:
Postal address: Postal code:
Residential address: Postal code:

Received on
Amount
Receipt No.

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 and declare that I am the person referred to in the certificate below. I also 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

I certify that the application meets the requirements as outlined in section B and that I have verified the application:

Registration Officer:

SIGNATURE: Date: 20

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

- 1. Current registration fee of R1406.00, plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300. Please attach a copy of the proof of payment
2. Original grade 12 (matric) certificate. A copy will only be accepted if certified by an attorney in his/her capacity as a Notary Public and bearing the official stamp. Copies certified by a Commissioner of Oaths will not be accepted. (Applicable to all persons who enrolled for a BAA course as from 1 January 2012).
3. A copy of my identity document or birth certificate.
4. A copy of my marriage certificate (should you wish to register in your married surname).
5. A copy of my registration certificate as a student with the Health Professions Council of South Africa.

Signature:
Date:

C. TO BE COMPLETED BY THE UNIVERSITY/UNIVERSITY OF TECHNOLOGY/COLLEGE

(ALTERATIONS WILL NOT BE ACCEPTED)

Name of University/University of Technology/College:
It is hereby certified that complied with all the requirements for the Degree/Diploma/Certificate 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/OPERATIONAL HEAD DATE
SIGNATURE: REGISTRAR/PRINCIPAL DATE

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION