



MEDICAL AND DENTAL PROFESSIONS BOARD

APPLICATION FOR REGISTRATION

STUDENT INTERN

Form 39

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

**FOR
OFFICE
USE ONLY**

A. PERSONAL PARTICULARS

HPCSA Registration Number: _____

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: _____

I hereby apply to register as a student intern in

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. Current registration fee of **R292.00** Please attach a copy of the proof of payment.
- 2. A copy of my identity document or birth certificate.
- 3. A copy of my marriage certificate (should you wish to register in your married surname).
- 4. A copy of my registration as a student with the Health Professions Council of South Africa.

C. TO BE COMPLETED BY THE UNIVERSITY

Name of University _____

It is hereby certified that _____

has completed and passed at least 5 years' study as a medical student.

We recommend that he/she be registered as a medical student intern and consider him/her to be a competent and fit person to practice

**ORIGINAL OFFICIAL DATE STAMP
OF INSTITUTION**

SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD **DATE**

SIGNATURE: REGISTRAR/PRINCIPAL **DATE**

* 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.

Received on _____

Amount _____

Receipt No. _____

No. _____

Reg. Date _____

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

Registration Officer: _____

Signature: _____

Date: _____