



MEDICAL AND DENTAL PROFESSIONS BOARD
APPLICATION FOR REGISTRATION
CERTIFICATE OF MEDICAL BIOLOGICAL SCIENTIST
INTERN TRAINING

Form 36 MS

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

MSIN:
 Date of commencement of internship:

A. ISSUED BY

Name of training institution: _____
 Full postal address: _____ Code: _____
 Telephone No. (of Supervisor): _____ Fax: _____
 Cellular: _____ Email: _____

B. DECLARATION

I, _____ Registration Number MS/MP: _____
 Registration date: _____ Category of registration: _____
 Speciality: the undersigned, do hereby certify that
 (name of person applying for registration): _____
 has worked at the (name of institution): _____
 in the department of _____
 in a full-time capacity as a (position held) _____
 from: _____ to: _____
 or part-time capacity as a (position held) _____
 from: _____ to: _____
 (Two years part-time is equivalent to one year full-time and one year has to be full-time).

I consider him/her to be a competent and fit person to practice as a medical biological scientist in the category:

1 **SIGNATURE: Supervising Medical Biological Scientist/Medical Specialist** **Name: Please print**
 Post Held: _____
 Date: _____ 20 _____

2 **SIGNATURE: Head of the Training Facility** **Name: Please print**
 Date: _____ 20 _____

3 **SIGNATURE: Head of Department of the Collaborating University** **Name: Please print**
 (Only applicable to non-university based training facility)
 Date: _____ 20 _____

Return the duly completed form together with Form 24 MS to the above address.

***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.