



**PROFESSIONAL BOARD FOR SPEECH, LANGUAGE  
AND HEARING PROFESSIONS**  
**APPLICATION FOR REGISTRATION OF AN ADDITIONAL  
QUALIFICATION**

**Form 19 SLH AD LIC**

**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

**NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED**

**FOR  
OFFICE  
USE ONLY**

**A. PERSONAL PARTICULARS**

HPCSA Registration Number: \_\_\_\_\_

I, (Dr, Mr, Mrs, Miss) \_\_\_\_\_ Surname: \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_ Identity No.: \_\_\_\_\_

First names: \_\_\_\_\_

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: \_\_\_\_\_

hereby apply to register the category in respect of additional licensing in the area of

and declare that I have complied with the requirements determined by the Professional Board.

**SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**20**

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:**

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

- 1. Registration fee of **R255.00**. A copy of the proof of payment.
- 2. A copy of my marriage certificate (should you wish to register in your married surname).
- 3. Original confirmation issued by the educational institution confirming that you have complied with the requirements in respect of **additional licensing in the speech, language and hearing professions** (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**.

**OR**

- 4. Section C duly complete.

**Registration  
Officer:**  
.....  
**Signature:**  
.....  
**Date:**  
.....

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

Name of University/University of Technology/College: \_\_\_\_\_

It is hereby certified that \_\_\_\_\_

\_\_\_\_\_ complied with the academic requirements in respect of additional licensing in the speech, language and hearings professions of this institution in the area of \_\_\_\_\_

in/on \_\_\_\_\_ 20 \_\_\_\_\_ and that his/her registration in respect thereof is supported.

**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.***

Updated 4/2018