

## **MEDICAL AND DENTAL PROFESSIONS BOARD APPLICATION FOR REGISTRATION MEDICAL BIOLOGICAL SCIENTIST**

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 or 553 Madiba Street, Arcadia, Pretoria 0083 by registered mail or courier for ease of tracking mail.

A.	PERSONAL PARTICULARS														
HPCSA II	HPCSA Intern Registration Number: , (Dr), Surname:														
I, (Dr), Su	ırname:														
Maiden n	ame (if appl	icable):													
First nam	es:		*********					lder	ntity No	.:					
Postal ad	dress.								•						
Postal code:															
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Residenti	al address:														
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Tel (H): (W):															
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Email:									***						
*Marital S	Status:	Nami	:		Ginale Gender										
		Marri	iea		ingle		וט	vorced				M	F		
* Race:	Africa	n	Asian		Colou	red		Indian		White		Countr	v of Origin	·	
Hereby make oath and declare that I am the person referred to in the attached documents submitted by me in support of my application as a															
Biological Scientist and that all the said documents were granted to me and are my lawful property. Further, I have never been convicted of any criminal															
offence or been debarred from practising my profession in any country by reason of a criminal offence or unprofessional conduct and 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 hold the qualification: obtained on															
At (University)															
(Institution)															
and hereby apply for registration as a Medical Biological Scientitst in the discipline:															
														ell Biology, Clinical on Biology, Reproductive	
	r Virology.	50, i idoi	natology, ii	iiiiaii	ology, whore	,,,,,,,,,	9),	Molecular	Diology	, i namaoo	logy, i				7
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SIGNATURE: Date:													COMMIS	SIONER OF OATHS	
SWORN BEFORE ME AT: Thisday of20															
	JRE:														
COMMISIONER OF OATHS/JUSTICE OF PEACE for the district of:															
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2					•					,					
3. Documentary proof of at least two years' internship training in an HPCSA accredited training facility (Form 36 MS) and successful															
completion of Board approved assessment.  4. A copy of my identity document or birth certificate (for first time registration).															
<ol> <li>A copy of my identity document or birth certificate (for first time registration).</li> <li>A copy of my marriage certificate (should you wish to be register in your married surname).</li> </ol>															
6. A copy of my registration certificate as an intern with the HPCSA.															
7. Registration fee of R1163.00 plus prorata annual fees and banking details click here. (Identity number as deposit reference)															
8. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health															
C. CERT	IFICATE O	F HEAL	TH												
1					of	(addr	2001								
1,						auur	555)								••
A Medica	al Practition	er with	Reg. No.	MP				ceı	tify tha	at I have m	nedica	lly exam	ined	a manufacture of Manufact District	the
Scientist.		re that n	iis/ner neait	n is st	uch that it w	oula r	ט זטו	e detrimen	itai to p	atients or to	nim/n	erseir to p	practice th	e profession of Medical Biolog	gist
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									n) certif	y that the					
Applicant	, is personal	lly know	n to me and	l that	he/she is of	good	d cha	aracter.							
SIGNATI	JRE:					DATE	:			20					
	complete fo														
							•		41			f		roonal file to other parties	_