



APPLICATION FOR INCREASE IN THE NUMBER OF INTERN MEDICAL SCIENTIST POSTS

MEDICAL AND DENTAL PROFESSIONS BOARD:

MEDICAL SCIENCE

CMS G

Kindly submit the following documentation when applying for increasing in the number of intern medical scientists:

- *Abbreviated CV's of training staff*
- *Motivation for application to increase the number of intern candidates*

PLEASE INDICATE DISCIPLINE

Medical Biological Science	
Professional Category	
Genetic Counselling	
Medical Physics	

1. LIST KEY STAFF RESPONSIBLE FOR INTERN TRAINING

Title and Name	Highest Academic Qualification	HPCSA Registration number	Category of HPCSA registration	Experience in Internship Training (years)	Abbreviated CV's provided Yes/No

CV to include: Academic qualifications, teaching experience, research and publications, membership to professional societies, diagnostic/therapeutic/clinical experience

2. PLEASE INDICATE NUMBER OF SUPERVISORS OF INTERN CANDIDATES

Title and Name	Highest Academic Qualification and Academic discipline	Category of Registration	First date of Registration in this Category	Experience in Internship Training (years)	Number of Interns Currently Registered for Training	Involvement in the assessment of Portfolio of Evidence If yes, indicate number of candidates	
						Assessor	Moderator

3. LIST CURRENT INTERNS IN TRAINING PROGRAM

	HPCSA Post Number	Name of Intern Candidate	Intern Number	Category of Registration	Date of Commencement of Internship	Proposed Date of Completion	Comments
1							
2							
3							

4. MOTIVATION FOR REQUEST TO INCREASE NUMBER OF INTERN CANDIDATES

APPROVED:

Name: _____

Signature: _____

OFFICIAL STAMP

Date: _____

Head of Training Department