



**Form 18 A (CPD)**

# APPLICATION FOR CHANGE OF CATEGORY CLINICAL / NON CLINICAL

**NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION**

Please PRINT and return the ORIGINAL FORM to: The Registrar, PO Box 205, Pretoria 0001  
553 Madiba Street, Arcadia, Pretoria 0083

**FOR  
OFFICE  
USE ONLY**

**A. PERSONAL PARTICULARS**

HPCSA intern 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: \_\_\_\_\_

hereby request a change in category (**Please tick only one**):

Clinical       Non Clinical

I also 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 \_\_\_\_\_

Received on

Amount

Receipt No.

Reg. Date

**VERIFIED**

**DATE**

**CAPTURED**

**DATE**

**VERIFIED**

**DATE**

**ORIGINAL OFFICIAL STAMP OF  
COMMISSIONER OF OATHS**

\_\_\_\_\_  
**SIGNATURE**      \_\_\_\_\_  
**TO BE COMPLETED BY COMMISSIONER OF OATHS**      **DATE**

\*\* If you are unable to make the declaration in this paragraph, the Council requires full particulars of the reason for your inability to do so in order to consider the application.

\* 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.**