

APPLICATION FOR REGISTRATION

SPECIALIST/SUB-SPECIALIST

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**

1. The application form must be completed IN DETAIL and CORRECTLY. Information regarding experience must be provided in CHRONOLOGICAL order.
 - For registration as a **specialist**, in the case of dentists information since qualifying as a dentist/for medical practitioners since commencement with internship.
 - For registration as a **sub-specialist**, information since registration as a specialist.
2. Attach documentary evidence in respect of **experience** and **posts** held and provide the **exact** post held and time spent in each post (beginning and end dates must be clearly indicated).
3. Additional information pertaining to your application, to which you wish to draw attention, should be provided in a separate document.
4. In order to register as a specialist, you will have to register an acceptable specialist qualification as an additional qualification against your name. (Form 19 duly completed as well as **additional qualification registration fee of [click here](#)**.)
5. Only duly completed applications, which include the registration fee of [click here](#) and the fee for registration of the additional qualification, if applicable.

*** 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.

PERSONAL PARTICULARS

HPCSA Registration Number:

Surname:

First names:

Identity Number:

Postal 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:

I 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.....

NAME OF SPECIALITY/SUB-SPECIALITY FOR REGISTRATION IN REGISTER:

QUALIFICATIONS ALREADY REGISTERED WITH THE BOARD:

ANY OTHER MEDICAL/DENTAL QUALIFICATIONS HELD:

PLEASE INDICATE REGISTRATION WITH OTHER MEDICAL/DENTAL COUNCIL:

Date of registration: **and registration status:**

SEE PAGE 2 FOR EXPERIENCE IN CHRONOLOGICAL ORDER (See 1. above).

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.

NB PLEASE READ THE INSTRUCTIONS ON THE FRONT PAGE PRIOR TO COMPLETING THIS SECTION
NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED

EXPERIENCE IN CHRONOLOGICAL ORDER

Dentists starting immediately after obtaining basic qualification.

Medical practitioners starting with beginning of internship.

| Name of hospital (or town/city in case of general practice) | Nature of appointment and department in which held | Full-time or Part-time | From | To | Total period in months | Supporting documentary evidence marked "A", "B", etc. |
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Signature of Applicant

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Date