



MEDICAL AND DENTAL PROFESSIONS BOARD
APPLICATION FOR REGISTRATION
CERTIFICATE OF MEDICAL PHYSICIST INTERN TRAINING

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

PHIN:
Date of commencement of internship:

A. ISSUED BY

Name of training institution:
Full postal address: Code
Telephone No. (of Supervisor): Fax:
Cellular: Email:

B. DECLARATION

I, Registration Number PH/MP:
Registration date: Speciality:
the undersigned, do hereby certify that (name of person applying for registration):
has worked at the (name of institution):
in the department of:
in a full-time capacity as a (position held):
from: to:
or part-time capacity as a (position held):
from: to:
(Two years part-time is equivalent to one year full-time and one year has to be full-time).

I consider him/her to be a competent and fit person to practice as a Medical Physicist in the categories:

Medical Physics for Diagnostic Radiology
Medical Physics for Radiation Oncology
Medical Physics for Nuclear Medicine
Medical Physics for Radiation Protection

I, (full name, please print):

Head of the accredited training facility supported the application.

Signature: Date:

Return the duly completed form together with Form 24 PH to the above address.

*Please complete for statistical purposes.

Updated/MM/09-2019