



Health Professions Council of South Africa

Form 26MSIN

MEDICAL AND DENTAL PROFESSIONS BOARD

APPLICATION FOR REGISTRATION

INTERN 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

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: Married Single Divorced Gender M F

* Race: African Asian Coloured Indian White Country of Origin:

Holds the qualification..... obtained (date).....

At (institution).....

And hereby apply to be registered as an Intern Medical Biological Scientist, in the professional category of

..... (Choose only one professional category from the following):

Anatomical Pathology, Cell Biology, Clinical Biochemistry, Genetics, Haematology, Immunology, Microbiology, Molecular Biology, Pharmacology, Physiology, Radiation Biology, Reproductive Biology or Virology.

SIGNATURE: **Date:** **20**.....

B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:

- | | |
|--|---|
| | 1. My original BSc honours degree certificate or equivalent thereof (a copy will only be accepted if certified by an attorney in his/her capacity as NOTARY PUBLIC and bearing the official stamp or original Form 23 MSIN, duly completed) Copies certified by a Commissioner of Oaths will not be accepted. |
| | 2. A copy of my identity document or birth certificate (for first time registration). |
| | 3. A copy of my marriage certificate (should you wish to be register in your married surname). |
| | 4. Registration fee of R319.00. (Identity number as deposit reference) |
| | 5. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health |

C. To be completed by the supervisor from an HPCSA accredited training facility for Medical Biological Scientists:

I, (full names): Registered medical scientist/specialist for at least three years
HPCSA registration number MS/MP:..... and supervisor for the professional category:
.....

Year of registration: Will take responsibility for supervising the intern training, according to the accredited training program, of the abovemention applicant for a period equivalent to two (2) years full-time.

Commencement date of training..... Teaching institution:

Accredited training facility: Discipline:.....

SIGNATURE:..... **DATE:** **20**.....

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.