

APPLICATION FOR REGISTRATION

INDEPENDENT PRACTICE

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 or courier for ease of tracking mail.**
553 Madiba Street, Arcadia, Pretoria 0083

A. PERSONAL PARTICULARS

HPCSA Registration Number:

I, (Dr, 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:

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

ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED

B. DECLARATION

It is hereby certified that: (Dr, Mr, Mrs, Miss):
was employed at this (name and address of institution):

From: To:
as a Category (if applicable).....

That he/she complied with the requirements of community service as determined by the Department of Health and that his/her service was satisfactory.

.....
SIGNATURE: Head of Department/Directorate **Name:** Please print

Designation:
Tel: **Date:**

.....
SIGNATURE: Medical Superintendent/Head of Institution **Name:** Please print

Designation:
Tel: **Date:**

OFFICIAL STAMP OF INSTITUTION

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

- | | |
|---|--|
| 1 | 1. A copy of my marriage certificate (should you wish to register in your married surname). |
| 2 | 2. A copy of my identity document or birth certificate. |
| 3 | 3. A copy of my registration certificate stating that I was registered in the category public service (community service) with the Health Professions Council of South Africa. |
| 4 | 4. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health. |

* 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.