

MEDICAL PRACTITIONER
 SPECIALIST
 INTERN
 DENTIST
 CATEGORY
 Public Service
 Supernum Reg

PLEASE PRINT:

1. Title (Prof, Dr): Surname:.....
2. Maiden Name (if applicable):
3. First name(s):
4. Date of birth: Birth Place:
5. Postal address:

Tel. (Work): (Home):
 Cell: Fax:
 E-mail Address:

*Marital Status: Divorced
 Married
 Single
 *Gender: Male
 Female

*Race African
 Asian
 Coloured
 White
 *Country of origin:

* For statistical purposes only – Information required by the National Department of Health.

6. Qualifications:

Name of Degree	University or Institution where degree/qualification was obtained	From		To	
		Month	Year	Month	Year

7. Internship (Full details to be provided and documentary evidence attached)

Clinical Domains	Name of Institution	From		To	
		Month	Year	Month	Year
General Medicine					
General Surgery					
Obstetrics and Gynaecology					
Paediatrics					
Family Medicine					
Mental Health					
Orthopaedics					
Orthopaedic Trauma					

9. DECLARATION BY APPLICANT APPLYING FOR REGISTRATION IN TERMS OF THE HEALTH PROFESSIONS ACT, 1974

I,hereby declare under oath as follows:

- a. I am the person referred to in the accompanying certificate(s) of qualification(s) which I submit in support of my application to be registered as a Medical Practitioner/Dentist in the Republic of South Africa.
- b. The said qualification(s) was/were granted to me after examination and is/are my own lawful property, and entitle me as far as professional qualifications are concerned, to practise as a Medical Practitioner/Dentist in the country of its/their origin, namely -
.....
- c. The course of study in professional subjects which I underwent, covered a period of academic years. The last academic years of professional study for admission to the examination for the qualification(s) in respect of which I apply for registration, were taken at (insert name of University or Medical/Dental School).
- d. I have never been convicted in any country of any offence against the law or been debarred from practice by reason of misconduct and, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at present*.
- e. I further accept that my application may be delayed should I fail to submit all the required documentation.

Signature

SWORN before me at thisday of 200.....

Signature:

Justice of the Peace or Commissioner of Oaths

I, the undersigned** hereby declare under oath: of hereby declare under oath:

I personally know whose signature appears above. To the best of my knowledge and belief, the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as a Medical Practitioner/Dentist.

SignatureProfession or calling

SWORN before me atthis.....day of 200

Signature

Justice of the Peace or Commissioner of Oaths

District of

I, the undersigned** hereby declare under oath: of hereby declare under oath:

I personally know whose signature appears above. To the best of my knowledge and belief the statements in his/her declaration are true.

I consider him/her to be a fit and proper person to be registered as a Medical Practitioner/Dentist.

Signature

Profession or calling

SWORN before me atthis.....day of
 200.....

Signature:
 Justice of the Peace or Commissioner of Oaths
 District of

- * If the applicant is unable to make the declaration above, the Council, in order to consider the application, will require full particulars of the reasons for his or her inability.
- ** The signatories should preferably be Medical Practitioners or Dentists.

9. Any other relevant facts which the applicant wishes to bring to the attention of the Board:

.....

FOR OFFICIAL USE ONLY

Documents received	Yes	Date Received
Form 12		
Copy of degree certificate - Notarised		
Personal Curriculum Vitae		
Sworn Translation in English - Notarised		
Proof of Intern Training in Medicine Form 10A (Practical/Clinical Training)		
Verification of credentials Report by the ECFMG		
Certificate of Status		
Proof of citizenship, Passport or Identity Document		
Letter issued by the Department of Health re Employment		
Examination Fee		
Registration Fee		
IELTS Certificate		

COMMENT:

.....

Checklist of Documents in support of the HPCSA registration application:

	Completed HPCSA Form 12
	NOTARIZED copy of Basic and all subsequent Medical / Dental qualification certificates
	NOTARIZED copy of Medical Licence or Registration certificate
	NOTARIZED copy of Passport
	Proof of completed Internship training
	FWMP Endorsement letter (will be added by the University)
	Letter in support of the application from the Dean of the Faculty of Health Sciences (Will be added by the University)
	Attached credit card authorization form - Registration and pro rata annual registration fees payable to the Health Professions Council of South Africa (please consult their website for the registration fee rates)

Please note: Faxed or scanned copies are not accepted by the HPCSA, originals or copies notarized by a notary public are required

Queries about registration with the HPCSA can be addressed to Matsheko Mokau MatshekoM@hpcsa.co.za - In addition, comprehensive information is available on the HPCSA website at www.hpcsa.co.za.

Credit Card Authorization

I hereby authorize the Health Professions Council of South Africa to debit my credit card account as follows:

Card type: _____

Card Number: _____

Card expiry date: _____

CCV2 No: _____

Cardholder's name: _____

Credit card amount: _____

Reason for payment: _____

Authorized signatory: _____

For attention of: **Matsheko Mokau**