



PROFESSIONAL BOARD FOR DENTAL ASSISTING, DENTAL THERAPY AND ORAL  
HYGIENE APPLICATION TO WRITE THE EXAMINATION FOR DENTAL ASSISTANTS

Please use block letters and return to:

The Registrar, P O Box 205, Pretoria, 0001,

553 Vermeulen Street, Arcadia, Pretoria

E-mail: [simangelek@hpcsa.co.za](mailto:simangelek@hpcsa.co.za) and [channu-leel@hpcsa.co.za](mailto:channu-leel@hpcsa.co.za)

**NB: THIS FORM HAS TO BE DULY COMPLETED BY THE CANDIDATE**

**A. PERSONAL PARTICULARS**

I, (Mr, Mrs, Miss) ..... Surname.....

Registration Number: DA.....

Maiden Name (if applicable) .....

First Names: ..... Identity No.....

Postal Address: .....

..... Post Code: .....

Residential Address: .....

.....Post Code: .....

PROVINCE.....

Tel (H): ..... (W): .....

Cell: ..... Fax: .....

Email: .....

I hereby apply to write the examination for Dental Assistants on .....20.....

**PROOF OF PAYMENT OF THE EXAMINATION FEE OF R 710,00 (Seven hundred and Ten Rands) IS ATTACHED HERETO**

SIGNATURE..... Date .....20 .....