



Form 23 MLS

**APPLICATION FOR REGISTRATION
MEDICAL LABORATORY SCIENTISTS**

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please PRINT and return the ORIGINAL FORM to: The Registrar, PO Box 205, Pretoria 0001
553 Vermeulen Street, Arcadia, Pretoria 0083

**FOR
OFFICE
USE ONLY**

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: Divorced Married Single Gender: Male Female

* Race: Asian African Coloured White Country of origin: _____

Hereby apply to register as _____ in the category _____ and declare that I am the person referred to in the certificate below. I also declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country and that, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me at present.

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

Received on _____

Amount _____

Receipt No. _____

Reg. Date _____

VERIFIED

DATE

CAPTURED

DATE

VERIFIED

DATE

Bank Details:

B. The following is submitted in support of my application:

1. Current registration fee, plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300.
2. A copy of my identity document or birth certificate.
3. A copy of my marriage certificate (should you wish to register in your married surname).
4. A copy of my registration certificate as a student with the Health Professions Council of South Africa.

HPCSA
Bank: **ABSA**
Branch: **Arcadia**
Branch code: **334945**
Acc. No. **0610000169**

C. TO BE COMPLETED BY THE UNIVERSITY/UNIVERSITY OF TECHNOLOGY/COLLEGE

Name of University/University of Technology/College: _____

It is hereby certified that _____ complied with all the requirements for the Degree/Diploma/Certificate _____ of this institution on _____ (day) _____ (month) _____ (year) and that this qualification will be conferred/issued at a graduation ceremony on _____ (day) _____ (month) _____ (year).

WE RECOMMEND him/her for registration

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD _____ **DATE** _____

SIGNATURE: REGISTRAR/REGISTRAR _____ **DATE** _____

* 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.