



**PROFESSIONAL BOARD FOR DENTAL THERAPY AND ORAL HYGIENE**

**APPLICATION FOR REGISTRATION AS A DENTAL ASSISTANT**

**Form 24 DA**

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

**FOR OFFICE USE ONLY**

**A. PERSONAL PARTICULARS**

HPCSA Registration Number: .....

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:  Divorced  Married  Single Gender:  Male  Female

\* Race:  Asian  African  Coloured  White Country of origin: .....

hereby apply to register as ..... and declare that I am the person referred to in the certificate below. Further, I have never been convicted of any criminal offence or been debarred from practising my profession in any country by reason of a criminal offence or unprofessional conduct and 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 in any country at present.

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

**SWORN BEFORE ME AT:** ..... this ..... day of ..... **20** .....

**SIGNATURE:** .....

**COMMISSIONER OF OATHS/JUSTICE OF PEACE** for the district of .....

**DA**

Received on .....

Amount .....

Receipt No. ....

No. ....

Reg. date .....

**Bank Details:**

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

I certify that the application meets the requirements as outlined in section B and that I have verified the application:

Registration Officer: .....

Signature: .....

Date: .....

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


1. My original certificate (a copy will only be accepted if certified by an attorney in his/her capacity as **Notary Public** and bearing the official stamp, or Form 23DOH for Students who qualified at the University, duly completed.) Copies certified by a Commissioner of Oaths **will not be accepted.**
2. Registration fee, plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300. Please attach a copy of the proof of payment.
3. A copy of my identity document or birth certificate.
4. A copy of my marriage certificate (should you wish to register in your married surname).

**ORIGINAL OFFICIAL STAMP OF COMMISSIONER OF OATHS**

**C. CERTIFICATE OF HEALTH**

I, ..... of (address) .....

..... a registered medical practitioner,

certify that I have medically examined ..... the applicant, and I declare that his/her health is such that it would not be detrimental to patients or to him-/herself to engage in the duties of his/her profession.

**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.**