



**APPLICATION FOR REGISTRATION
PROFESSIONAL BOARD FOR MEDICAL
TECHNOLOGY**

Form 24 GT

MEDICAL TECHNICIAN

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

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

**FOR
OFFICE
USE ONLY**

A. PERSONAL PARTICULARS

HPCSA intern registration no.: _____
 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: _____

GT
 Received on _____
 Amount _____
 Receipt No. _____
 No. _____

* Marital Status: Divorced Married Single Gender: Male Female
 * Race: Asian African Coloured White Country of origin: _____

Erase: IN _____

Hereby apply for registration as a Medical Technician in the category:
 and hereby make oath and declare that I am the person mentioned in the attached documents submitted by me in support of my application for registration and that all the said documents were granted to me and are my own lawful property. Further, that I have never been debarred from practicing in any country by reason of misdemeanor or professional misconduct.

Reg. date _____
 Qual code _____

I further 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 in any country at present.

VERIFIED

SIGNATURE: _____ **Date:** _____ **20** _____
SWORN BEFORE ME AT: _____ this _____ day of _____ **20** _____
SIGNATURE: _____
COMMISSIONER OF OATHS/JUSTICE OF PEACE for the district of _____

DATE

CAPTURED

- B. The following is submitted in support of my application:**
1. Copy of letter from the SMLTSA indicating that the examination was passed during _____ 20 _____
 2. Form 25 duly completed.
 3. Current registration fee; plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300.
 4. A copy of my identity document or birth certificate.
 5. A copy of my marriage certificate (should you wish to register in your married surname).
 6. A copy of my registration certificate as a student with the Health Professions Council of South Africa.

**ORIGINAL OFFICIAL STAMP
OF COMMISSIONER OF
OATH**

_____ **DATE** _____
 _____ **VERIFIED** _____
 _____ **DATE** _____

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 if the profession of medical technician is practiced.

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

D. CERTIFICATE OF CHARACTER

I, (full names): _____ of address _____ Working as _____
(Medical Practitioner, Minister of Religion, Magistrate or other responsible person) certify that _____ the applicant, is personally known to me and that he/she is of good character.

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

* 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.