

**APPLICATION TO WRITE THE NATIONAL BOARD EXAMINATION
PROFESSIONAL BOARD FOR PSYCHOLOGY
PSYCHOMETRIST**

Please use block letters and return to: The Registrar, P O Box 205, Pretoria, 0001
553 Vermeulen Street, Arcadia, Pretoria, 0083

**FOR
OFFICE
USE ONLY**

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

A. PERSONAL PARTICULARS

(Dr, Mr, Mrs, Miss) Surname:.....
Maiden Name (if applicable):.....
Registration number: PMTS.....
First Names: Identity No.....
Postal Address:
..... Post Code:
Residential Address:
..... Post Code:
Tel (H):(W):
Cell: Fax:
Email:

Marital Status: Divorced Married Single Gender: Male Female

*Race: Asian African Coloured White Country of origin:

Preferred Venue:

Cape Town	Port Elizabeth	Bloemfontein	Durban	Pretoria	Johannesburg
Polokwane					

SIGNATURE **Date**20

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

- 1. a copy of the 4 year bachelor in psychology degree certificate (B. Psych or equivalent degree) certified by a **Notary Public** and bearing the official stamp.. Copies certified by a Commissioner of Oaths will not be accepted
- 2. **Proof of payment of the examination fee of R1370.00**
NB: YOUR APPLICATION FOR THE EXAMINATION WILL NOT BE PROCESSED WITHOUT PROOF OF PAYMENT OF THE EXAMINATION FEE
- 3. A certified copy of my identity document or birth certificate;
- 4. A certified copy of my marriage certificate (should you wish to register in your married surname)

Verified
.....
Date
.....
Prepared
.....
Date
.....
Verified
.....
Date
.....

Bank details:
HPCSA
Absa Bank,
Arcadia,
Pretoria
Branch code:
[33049-45](#)
Account
number:
[061 00 00 169](#)

C. TO BE COMPLETED BY THE UNIVERSITY

NAME OF UNIVERSITY

it is hereby certified that complied with all the requirements
for the degree Of this institution on

and that this qualification will be conferred/issued at a graduation ceremony on

Successfully completed **6 months practicum** from to

We confirm that is qualified to enter for the National

**OFFICIAL DATE STAMP OF
INSTITUTION**

Board examination for Psychometrist	
..... SIGNATURE: Head: Department of Psychology DATE:
..... SIGNATURE: REGISTRAR DATE:
*PLEASE COMPLETE FOR STATISTICAL PURPOSES	

Updated: 12 March 2019