MEDICAL AND DENTAL PROFESSIONS BOARD

APPLICATION FOR REGISTRATION AS A

Form 14 A — DENTIST – COMMUNITY SERVICE

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
Street, Arcadia, Pretoria 0083

AL RA NS TO DOCUMEN

FOR OFFICE USE ONLY 553 Madiba

Received on

Amount

Receipt No.

No.

Reg. Date

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

Registration Officer:

……

Signature:

Date:

A. PERSONAL PARTICULARS

HPCSA Registration Number:

I, (Prof, Dr) Surname:

Maiden name (if applicable):

[redacted] 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 a Dentist in the category community serviceand declare that I am the person referred to in the attached certificate.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 in any country at present.

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

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

1. ☐ Registration fee, plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300.A copy of the proof of payment must be attached to the application.
2. ☐ A certified copy of my identity document or birth certificate (for first time registration). ……
3. ☐ A copy of my marriage certificate (should you wish to register in your married surname).
4. ☐ Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the

Department of Health.

5. A certified copy of the letter of appointment to perform Community Service at an approved institution, **……..……** issued by the Department of Health.

6. A copy of my registration certificate as a student with the Health Professions Council of South Africa.

C. **TO BE COMPLETED BY THE UNIVERSITY (NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED)** Name of University

It is hereby certified that complied with all the requirements for the Degree of this University 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 as a dentist **ORIGINAL OFFICIAL DATE STAMP OF**

INSTITUTION SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD DATE

SIGNATURE: REGISTRAR/PRINCIPAL DATE

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.

Updated/LS/04-2016