



Health Professions Council of South Africa

Form 27 Comm Serv Completed

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

CERTIFICATE OF COMPLETION OF COMMUNITY SERVICE

Return the ORIGINAL FORM completed form to: The Registrar, P O Box 205, Pretoria, 0001 / 553 Vermeulen Street, Arcadia, Pretoria

NB please take note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.

DECLARATION

It is hereby certified that:

HPCSA Registration Number .....

Dr/Mr/Mrs/Miss.....

was employed at this institution (name and address of training institution).....

.....

from:.....to.....

as a .....

category (if applicable).....

that he/she complied with the requirements of community service as determined by the Department of Health; and that his/her service was satisfactory.

(1) .....

Signature: Head of the Department/Directorate

Name: Please print

Designation: ..... Date .....

Telephone number:.....

(2) .....

Signature: Medical Superintendent/Head of Institution

Name: Please print

Designation: ..... Date .....

Telephone number:.....

OFFICIAL DATE STAMP OF INSTITUTION

