



Form 24 EMB

**APPLICATION FOR REGISTRATION
PROFESSIONAL BOARD FOR EMERGENCY CARE
PRACTITIONERS**

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please PRINT and return the ORIGINAL FORM to:
The Registrar, PO Box 205, Pretoria 0001
553 Vermeulen 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: _____

Received on _____
 Amount _____
 Receipt No. _____
 No. _____
 Reg. date _____

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 as a _____ in the category _____ and that all the said documents were granted to me and are my own lawful property. Further, that I have never been debarred from practice by reason of 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.

VERIFIED

SIGNATURE: _____ **Date:** _____ **20**
SWORN BEFORE ME AT: _____ this _____ day of _____ **20**

DATE

SIGNATURE: _____
COMMISSIONER OF OATHS/JUSTICE OF PEACE for the district of _____

CAPTURED

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

1. My original diploma/degree (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 23, duly completed.) Copies certified by a
2. Current registration fee; plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300.
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).
5. A copy of my 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 to engage in the duties of his/her profession.

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.