



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

**Form 24 LA**

**LABORATORY- ASSISTANT**

**NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION**

**Please PRINT and return the ORIGINAL FORM to:  
The Registrar, PO Box 205, Pretoria 0001  
553 Madiba, 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: \_\_\_\_\_  
 \* Marital Status:  Divorced  Married  Single Gender:  Male  Female  
 \* Race:  Asian  African  Coloured  White Country of origin: \_\_\_\_\_

LA Received on \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Receipt No. \_\_\_\_\_  
 No. \_\_\_\_\_  
 Erase: IN \_\_\_\_\_  
 Reg. date \_\_\_\_\_

Hereby apply for registration as a Laboratory- Assistant 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 practising in any country by reason of misdemeanor or professional misconduct.

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** \_\_\_\_\_

**DATE**

**SIGNATURE:** \_\_\_\_\_  
**COMMISSIONER OF OATHS/JUSTICE OF PEACE** for the district of \_\_\_\_\_

**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.**