



# PROFESSIONAL BOARD OPTOMETRY AND DISPENSING OPTICIANS

## Form 23 ODO

## APPLICATION FOR REGISTRATION

**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.**  
553 Madiba Street, Arcadia, Pretoria 0083

**FOR  
OFFICE  
USE ONLY**

### A. PERSONAL PARTICULARS

HPCSA Registration Number: \_\_\_\_\_

I, (Dr, 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: \_\_\_\_\_

Hereby apply to register as an **Optometrist with diagnostic privileges** and declare that I am the person referred to in the certificate below. 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 at present.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **20** \_\_\_\_\_

Received on

Amount

Receipt No.

Reg. Date

**Bank Details:**

**HPCSA**  
Bank: **ABSA**  
Branch: **Arcadia**  
Branch code: **334945**  
Acc. No. **0610000169**

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

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

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | 1. Current registration fee of <b>R628.00</b> , plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300. |
| <input type="checkbox"/> | 2. A copy of my identity document or birth certificate.   |
| <input type="checkbox"/> | 3. A copy of my marriage certificate (should you wish to register in your married surname).   |
| <input type="checkbox"/> | 4. A copy of my registration certificate as a student with the Health Professions Council of South Africa.                          |

**Registration Officer:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### C. TO BE COMPLETED BY THE UNIVERSITY/UNIVERSITY OF TECHNOLOGY/COLLEGE

**\*\* NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED.**

Name of the University/University of Technology/College: \_\_\_\_\_

It is hereby certified that \_\_\_\_\_ complied with all the requirements for the Degree/Diploma/Certificate \_\_\_\_\_ with **diagnostic privileges** of this institution 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

**ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION**

**SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE: REGISTRAR/REGISTRAR** \_\_\_\_\_ **DATE** \_\_\_\_\_

\* 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.**