

PSYCHOMETRIST

Please use block letters and e-mail to psychexams@hpcsa.co.za

**FOR
OFFICE
USE ONLY**

NB: THIS FORM HAS TO BE DULY COMPLETED BY THE CANDIDATE AND UNIVERSITY

A. PERSONAL PARTICULARS

(Dr, Mr, Mrs, Miss) Title:..... Surname:.....

Maiden Name (if applicable):.....

Registration number: **PMTS**..... **PMT**.....

First Names: Identity No.....

Cell:(alternative number):

Email:

Gender: Female Male Other

*Race: Asian African Coloured White Country of origin:

*for statistical purpose only

Exam attempts: 1st 2nd 3rd 4th 5th 6th

Select Venue

<input type="checkbox"/> Cape Town	<input type="checkbox"/> Port Elizabeth	<input type="checkbox"/> Bloemfontein	<input type="checkbox"/> Durban	<input type="checkbox"/> Pretoria	<input type="checkbox"/> Johannesburg
<input type="checkbox"/> Polokwane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT SIGNATURE.....Date20

Verified
.....
Date
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Prepared
.....
Date
.....
Verified
.....
Date
.....

Bank details:
HPCSA
Absa Bank,
Arcadia,
Pretoria
Branch
code:
[33049-45](http://www.absa.co.za)
Account
number:
[061 00 00 169](http://www.absa.co.za)

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

1. a copy of the 4-year Bachelor's in psychology Degree (or B. Psych equivalent) certified by a **Notary Public** and bearing the official stamp. Copies certified by a Commissioner of Oaths **will not be accepted**

2. **Proof of payment of the examination fee of R1 595,00**

NB: ALL THE SECTIONS ON THIS FORM MUST BE FULLY COMPLETED AND ATTACH PROOF OF PAYMENT FOR THE EXAMINATION FEE, FAILURE TO COMPLY THE APPLICATION FORM WILL NOT BE PROCESSED

3. A recently certified copy of my identity document or passport

C. TO BE COMPLETED BY THE UNIVERSITY

NAME OF UNIVERSITY

it is hereby certified that complied with all the requirements

for the degree of this institution on

and that this qualification will be conferred/issued at a graduation ceremony on

Successfully completed **6 months practicum** from to

We confirm that is qualified to enter for the National Board examination for **Psychometry**

Head: Department/School of Psychology

Name and Surname

**OFFICIAL DATE STAMP OF
PSYCHOLOGY
DEPARTMENT/SCHOOL OF
PSYCHOLOGY**

.....
SIGNATURE: Head: Department of Psychology

.....
DATE:

REGISTRAR:

Name and Surname:

.....
SIGNATURE: REGISTRAR

.....
DATE:

Updated: 23 Feb 2023