



**HPCSA PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY (PBMT)  
 BHSc: MEDICAL LABORATORY SCIENTIST BOARD EXAMINATION APPLICATION  
 ADMINISTERED BY THE SOCIETY OF MEDICAL LABORATORY TECHNOLOGISTS OF  
 SOUTH AFRICA UNDER AN MOU WITH THE PBMT  
 PO Box 505 | Howard Place 7450 | Tel 021 531 1231**

**PLEASE NOTE:**

**(1) A R1 320.00 ((R1 870.00 for Namibia) examination fee is payable. (2) \*Certified copies will be accepted. (3) Only applications received through the post/courier or hand delivered will be accepted. (4) No faxed/emailed copies. All faxed/emailed copies will be discarded.**

*To be completed by the candidate:*

Title (*Mr/Ms/Mrs*): ..... Surname: ..... First Name: .....  
 ID/Passport No: ..... Postal Address: .....  
 ..... Code ..... Work Contact Tel: .....  
 Cell Number: ..... Email Address: .....  
 Name & Address (Postal and Physical) of training site:  
 .....  
 .....  
 Exam (*November*): ..... Exam Discipline: .....  
 University/University of Technology Attended: .....  
 HPCSA MLS-S Registration Number: .....  
 Have you entered this category before? ..... If so, when: .....  
 Signed: ..... Date: .....

*To be completed by the HEAD OF LABORATORY:*

This is to certify that..... has completed practical workplace training in their elected discipline with effect from: ..... (*Start date*) to..... (*End date*).  
 I certify that this information is true and that this institution is registered as a training laboratory.  
 Name (*Please print*): .....  
 Signed: ..... Date: .....  
 (*Head of Laboratory, plus the official laboratory stamp*)

*To be completed by the University/University of Technology HEAD OF DEPARTMENT (or designated other):*

I certify that this candidate has successfully met all academic requirements to be eligible to write the Professional Board of Medical Technology examination.  
 Name (*Please print*): .....  
 Designation: .....  
 Signed: ..... Date: .....  
 (*Important: Please add the official University/University of Technology stamp*)

**Enclosed are: ( tick the appropriate block):**  \*Final 3<sup>rd</sup> year results  \*Copy of ID Book  \*HPCSA Registration

**Deposit fees into the SMLTSA Banking Account | Standard Bank | Branch 051001 | Acc. no. 070950504  
 Use your INITIALS & SURNAME plus HPCSA Student Registration Number (MLS-S) as a reference for all deposits.  
 Send the completed registration form with proof of payment (deposit slip) via post/courier/by hand to: SMLTSA | Examination Administrator | PO Box 505 | Howard Place 7450**

**FOR OFFICE USE ONLY:**

Date processed: ..... Registration Number: .....