



**HPCSA PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY (PBMT)  
LABORATORY ASSISTANT 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 R 990.00 (R1 540.00 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 (*April*): ..... Exam Discipline: .....

HPCSA LAS 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..... was appointed as a full time Laboratory Assistant Student for a period of ..... (months) with effect from : ..... (*Start date*) to..... (*End date*) in his/her elected discipline.

I certify that this information is true and that this institution is/is not registered as a training laboratory.

Name (*Please print*): .....

Signed: ..... Date: .....

*(Head of Laboratory, plus the official laboratory stamp)*

**Examinations will be conducted in the following centres: (*please tick the most appropriate box*)**

- Cape Town  Port Elizabeth  Durban  Bloemfontein  JHB  Pretoria  Vanderbijlpark  Windhoek  
 Polokwane  Ermelo

**Enclosed are: (*please tick the appropriate block*)**

- Letter of Appointment\*  Copy of ID Book\*  HPCSA Registration\*  Deposit Slip

**Please note: \* All these Documents must be certified**

Deposit fees into the SMLTSA Banking Account | Standard Bank | Branch 051001 | Acc. No. 070950504

Use your INITIALS & SURNAME plus your HPCSA LAS number 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: .....