



**HPCSA PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY (PBMT)
 MEDICAL TECHNOLOGIST 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 210.00 (R1 760.00 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 (*March/September*): Exam Discipline:
 University/University of Technology Attended:
 HPCSA MTIN 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 Medical Technologist Intern 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 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 & National Diploma* Copy of ID Book* HPCSA Registration* Deposit Slip

Please note: * All these Documents must be certified by a Commissioner of Oaths

Deposit fees into the SMLTSA Banking Account | Standard Bank | Branch 051001 | Acc. No. 070950504
 Use your INITIALS & SURNAME plus HPCSA Intern Registration Number (MTIN) 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: