



**HPCSA PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY (PBMT)  
LABORATORY ASSISTANT BOARD EXAMINATION APPLICATION 2019**  
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: Closing Date 31 January 2019**  
**(1) R 967.00 plus 15% VAT = R 1112.00 examination fee is payable via EFT. Cash deposit R 1 140.00**  
**Namibian candidates: R1740.00**  
**(2) \*Certified copies are to accompany the application. (3) Only applications received through the post/courier or hand delivered will be accepted. 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: (*tick the most appropriate box*)**

- Polokwane    Nelspruit    Ermelo    Pretoria    Johannesburg    VanderbijlPark    Windhoek  
 Bloemfontein    Durban    East London\*\*    Umtata\*\*    Port Elizabeth    Cape Town

**\*\*depends on No. of candidates**

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

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

**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 PoP (deposit slip) via post: SMLTSA | Examination Administrator | PO Box 505 | Howard Place 7450. Courier/By Hand: Unit A28 | Pinelands Business Park | New Mill Road | Pinelands | 7405**

**FOR OFFICE USE ONLY:**

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