**SPECIALIST & SUB-SPECIALIST REGISTRATION WITH THE HPCSA**

1. Complete the following forms:

**Please note:** Supernumerary registrars complete only Form 19 and Form 57.

1.1 **Form 19**

<https://www.hpcsa.co.za/Uploads/Registration_Forms/2021/MDB/Form_19_Additional_Qualification_Category.pdf>

* Separate forms for MMed and College qualifications.
* Complete only Part A & B. The University will complete Part C for all MMed registrations.
* Submit original form to R1044, Clinical Building for the signatures of the Dean and the Registrar.

1.2 **Form 57**

**For specialist registration:**

<https://www.hpcsa.co.za/Uploads/Registration_Forms/2021/MDB/Form_57_MED_Completion_of_training_time_and_Proof_of_Research_completion.pdf>

**For subspecialist registration:**

<https://hpcsa.co.za/Uploads/Form_57A_MED_Certificate_relating_to_education_and_train.pdf>

* Complete and have signed by die Head of the Department and the supervisor.
* Submit original form together with a copy of the ethics clearance certificate to R1044, Clinical Building for the signature of the Dean.
* Then obtain the signature of the Superintendent of the hospital concerned/NHLS manager.

1.3 **Form 21**

<https://www.hpcsa.co.za/Uploads/Registration_Forms/2021/MDB/Form_21_MDB_Specialist_and_sub_specialist.pdf>

* All experience from internship duty onwards has to be listed in chronological order without any gaps in time.
* Proof of all experience (except internship and community service) has to be submitted. Mark supporting documents with A, B, etc. Form 57 serves as proof of training time as a registrar or senior registrar.
* Where proof is not available (for instance where a practice does not exist anymore, where you have worked overseas or where you have been on leave), an affidavit may be submitted as signed by the Police or a Commissioner of Oaths.

2. Pay the applicable registration fee (see respective forms) into the bank account of the HPCSA and attach proof of payment to your application forms:

HPCSA

ABSA, Arcadia

Branch code: 632005

Account number: 0610000169

**Reference:** MP number

3. Send the completed forms and supporting documents to the HPCSA by courier or registered mail:

HPCSA

553 Madiba Street, Arcadia, Pretoria 0083, or

PO Box 205, Pretoria 0001

**Attention: Ms Juanita Saunders**

4. Direct enquiries regarding your registration to:

Ms Juanita Saunders at [JuanitaS@hpcsa.co.za](mailto:JuanitaS@hpcsa.co.za).

5. Direct enquiries regarding the completion and signing of the forms to:

Estie Geldenhuys at X9284 or [hmg@sun.ac.za](mailto:hmg@sun.ac.za).